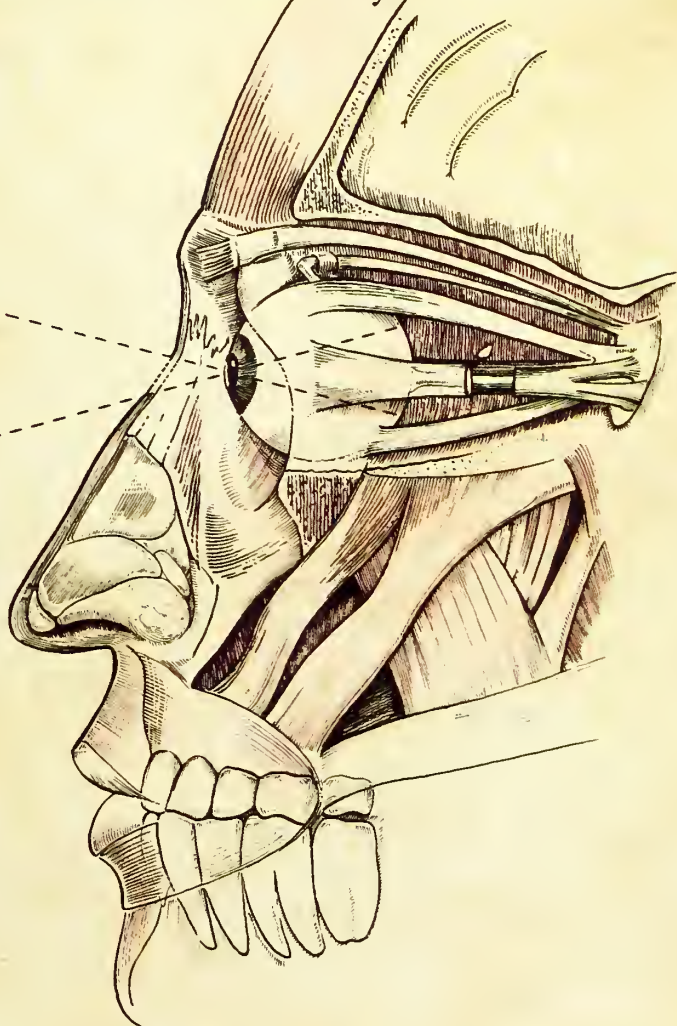


# CHEMIST & DRUGGIST

The newsweekly for pharmacy

August 3, 1991

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## Bedford LPC acts on repeat scripts

...as Press and radio pick up on Boots' plans

PAGB welcomes EC Directives

Striking off for excess codeine sales to addicts

New Pharmacy Healthcare scheme for 1992

On treating depression and script processing

AAH open PEP to general public

Out and about on a bicycle

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## Comment

After the generally outraged reaction by independent pharmacists to the news that Boots are planning to promote a repeat prescription collection service to the public, there is now evidence that some practical moves are being made to face up to the new situation. Bedfordshire LPC has written to contractors proposing a centrally co-ordinated scheme in which the LPC would notify GPs of those local pharmacies which wished to collect from their surgeries. The LPC says it will work out acceptable ways that this could be done, allowing the patient free choice without commercial pressure. This approach follows very much the NPA view that if a pick-up scheme is desirable then it should be arranged through the LPC in consultation with the other parties.

However, few LPCs other than Bedfordshire appear to have grasped the nettle so swiftly. Among those *C&D* contacted this week, Herts is sitting on the fence awaiting results in Bedfordshire, Suffolk is thinking about calling an emergency meeting, Sheffield has passed the buck to the FHSA, and Bromley has taken out advertising in local newspapers advising patients that all pharmacies can offer such a service. Still, it is early days yet, and coherent action by LPCs is complicated by the holiday period.

This week the national media has picked up the tale. The

publicity is good news in that, at last, Boots have been forced to respond, something they have consistently declined to do so far, to their own disadvantage. It also allows patients to see the kind of service *all* community pharmacies can offer. What it does not resolve is the scramble for prescription business which still threatens to develop in the absence of a central initiative, although this may not be quite so severe if Boots hold back on advertising their new service. "We have no wish to advertise yet" was their comment as *C&D* went to press. Obviously the option is being kept open, but with the NPA material in wide distribution this is not unreasonable.

It is now an open secret that a repeat prescription service was one proposal which was likely to be endorsed by the Department of Health's future working party. If the working party has agreed an acceptable framework for such a service, it would be useful if details could be made available now to allow those LPCs that do want to sort something out with local GPs and the FHSA a blueprint to work on. In the meantime the public has effectively been told that they will be offered an extended service from their community pharmacy. If LPCs want to capitalise on the situation to the benefit of *all* their contractors, they need to act promptly. Boots have already started advising GPs of what they can offer....



# Beds LPC initiative on script collection

A number of local pharmaceutical committees across the country are formulating plans to meet the challenge of Boots over repeat prescriptions (*C&D* July 13, p52).

Bedfordshire LPC's chairman, Leslie Robertson, has sent members a questionnaire to gauge opinions on a centrally organised and co-ordinated scheme. Under this, the LPC would notify GPs of those local pharmacies which wished to collect repeat prescriptions from their surgeries.

The LPC is to meet with the Local Medical Committee and the Family Health Services Authority to discuss acceptable ways in which this can be done, allowing patients a free choice.

"It is no good sitting on the fence and watching it all fall apart," Mr Robertson told *C&D*. "If a collection system is to be set up then it needs to be done properly, professionally and centrally."

Mr Robertson says he is "very disappointed" that Boots did not wait for the outcome of the future roles working party. He is trying to "wave a professional flag, not a mercenary one," he says.

Mr Robertson has also discussed the matter with neighbouring Hertfordshire LPC which decided on Monday not to follow Bedfordshire's example until the outcome of the questionnaire and meetings with the LMC and FHSA are known.

Both Hertfordshire and Bedfordshire share the same LMC secretary so representatives of Hertfordshire LPC plan to attend the meeting held by Bedfordshire LPC and LMC.

"Unless we get agreement from GPs for a centrally organised scheme then nothing will stop Boots and everyone else promoting their individual schemes," said Mr Robertson.

In Sheffield, the repeat prescription proposals have not found favour with some local GPs who are concerned it will mean extra work having to ensure that the repeat is sent to the correct pharmacy. LPC secretary Martin Bennett told *C&D* that Sheffield LMC plans to consider the proposals at its next meeting.

At the last LPC meeting, there was little support for a centrally organised scheme, said Mr Bennett. "The LPC thought the response to the problem was best left to the individual," he said. However, he added that local contractors had not perhaps had sufficient time to consider the consequences.

The LPC is now looking to the FHSA to take the lead. The Authority is being approached to provide a notice for every surgery

advising patients that if they have problems with repeat prescriptions, their pharmacist may be able to help.

Mr Bennett is hoping that the new moves by Boots will not have any real effects on the current situation in the city. In Sheffield there could be 20-30 pharmacists all producing leaflets and a significant number targeting the same surgeries, he said.

Bromley LPC is planning to advertise in local newspapers telling patients that all contractors can offer the scheme. Chairman Gordon

Davie hopes this approach will help create "a flat playing field".

Bromley LPC already has a prescription collection and delivery scheme for elderly patients (*C&D* June 15, p974) and Mr Davie sees the repeat prescription business as an adjunct to this. The LPC plans talks with the LMC next week.

Michael Brunt, chairman of Suffolk FHSA, is looking at the possibility of an emergency meeting to discuss the situation, but he envisages that the LPC will be encouraging contractors to take up the NPA package.

## Boots start offering collection service to GPs

Boots managers have begun to approach local surgeries offering to collect repeat prescriptions. *C&D* has obtained a copy of a letter sent to a GP by a Boots manager.

The letter says the basis of the system is that the patient agrees with the pharmacy to take advantage of the service, completes an assent form, a copy of which is provided to the surgery. The patient requests a repeat prescription from

the surgery, which is then collected by the pharmacy at a prearranged time. The patient collects the medicine from the pharmacy.

The letter says the advantages are one journey for the patient, one visit to the surgery instead of a steady stream of patients, and a balanced workload for the pharmacy. It stresses: "The patient must of course request to be included in the service".

## Excessive codeine sales lead to striking off

A Coventry pharmacist sold codeine linctus in large quantities to abusers to keep them away from the illegal drug scene, the Royal Pharmaceutical Society Statutory Committee was told last week. But his inability to account for nearly 500 litres of the medicine led to his being struck off the Register.

Mr Josslyn Hill, for the Society, told the Committee that Mr Michael Wood "thought he was doing the right thing by supplying addicts" — he felt if he did not then they would go onto hard drugs.

Mr Wood, who is the superintendent pharmacist at 36 Heath Crescent, Stoke Heath, Coventry, appeared before the Committee facing a complaint that he failed to exercise effective control over products known to be subject to abuse or misuse.

The complaint alleged that he was unable to account for over 498 litres of codeine linctus and that, in interview, he agreed that the vast majority was supplied over-the-counter. When Society inspectors first raised the matter in January this year, he readily agreed he was

supplying about 20 bottles a day.

Mr Hill said that in the sales records, the same names came up day after day. Mr Chatterton, a Society inspector who looked at invoices between August 1990 and January 1991, found that 492 litres had come to the pharmacy. Mr Wood freely admitted he sold the linctus to addicts and that it was better for them to buy it from him rather than resort to hard drugs.

In a letter to Mr Chatterton, Mr Wood said that since he came to Coventry, he had noticed there was "a persistent demand for this product". He added that he was the sole source in Coventry, which left him with problems. He said all sales were controlled by him and he supplied enough to keep abusers away from the illegal drugs scene.

Giving evidence, Mr Wood said he had stopped selling codeine linctus in the mid 1980s and after re-commencing sales volume had just built up again. He said: "The last 12 months it was getting out of hand and, of course, I was getting very worried about it."

Mr Basil Green, a former

## low training wanted

Isle of Wight community pharmacists are looking for more information and training on a range of medical conditions and better communication with their Family Health Services Authority, a survey has revealed.

A questionnaire, sent out by Isle of Wight FHSA to the island's community pharmacists (*C&D* July 20, p97) and discussed at a recent FHSA meeting, has highlighted a number of areas where specific action is required, general manager Peter Wilkening told *C&D*.

Some of the 70 per cent of pharmacists who responded said they wanted more information, either as leaflets or information sheets, on the prevention of heart disease, side effects of drugs, skin disorders and on diagnosing conditions. Some wanted specific training in these areas and this could form the basis of a training programme to take place at weekends, said Mr Wilkening.

There was also support for a regular FHSA news sheet, a one-off training session on effective communication, and improved relations with hospital pharmacists and medical practitioners.

Calls for a standard issue of racking to hold leaflets in pharmacies was also being considered by the FHSA.

The FHSA plans to meet again in September to finalise plans.





See Business News p214

## Media picks up on Boots plans

Boots the Chemists have broken their silence over the reaction to their plan to collect repeat prescriptions from surgeries as, some two weeks after the story broke in the pharmaceutical Press, the national media have picked up on the NPA-spearheaded response.

On Radio 4's "Today" programme on Wednesday morning, Colin Baldwin, the former Boots superintendent pharmacist now reassigned to a "special development project", said: "I can understand the concerns that independent pharmacists have as Boots the Chemists seek to improve and expand their services. I can only say that all those services are open to pharmacists to provide and they should look to their laurels and provide a similar level of service to ourselves."

Mr Baldwin's words were countered by the National Pharmaceutical Association's John Darcy who told "Today" Boots' plan could mean NPA members losing a "great chunk" of their business as 60 per cent of prescriptions are repeats. "We are fighting back with our Action Plan. We are offering the same service. Whatever Boots can offer, we can offer."

The programme also carried quotes from Ladbroke Grove pharmacist Bernie Masters who said: "Boots don't always give the same sort of service as an independent pharmacist."

Elsewhere in the media, Tuesday's *Daily Telegraph* used the story as its page four lead under the headline "Chemists fear Boots deal with doctors", and the item was picked up by a number of local radio stations as well as Radio 2.

NPA spokesman Colette McCreedy, who was interviewed on the "Jimmy Young Show", said she was trying to put over the message

that while independents could not compete on the advertising front they could provide just as good a service.

She also sought to emphasise that there was nothing new in collection services, and Boots were not the only people who would be providing such a service.

The *Daily Telegraph* quoted Boots as saying that managers had been given the go-ahead to set up prescription collection services, but that the 10 per cent discounts for doctors won't be offered until the Autumn.

Boots have said they have no wish to advertise their collection service yet. Some reports suggested they were dropping the idea.

## Clothier Fund payouts top £1 million

Payments to rural GPs under the Clothier compensation scheme have now passed £1 million, according to the annual financial report of the Pharmaceutical Services Negotiating Committee.

Payments, which are mainly amounts payable to GPs as compensation for ceasing to dispense, totalled £304,641 in the year to March 31. The total paid out since the scheme began rose to £1,168,125 by the same date.

While outstanding agreed compensation to be paid up to 1995-96 stands at £680,699, local pharmaceutical committees will be asked for reduced contributions next year totalling £230,000, down from £270,000 in each of the past two years.

## ABPI rules on Code breaches

The Association of the British Pharmaceutical Industry's Code of Practice Committee has ruled on alleged breaches brought to light by the "First Tuesday" television programme, broadcast on November 6 last year (*C&D* November 10, p827).

The programme, "Sweetening the medicine", was critical of a number of pharmaceutical companies for sponsoring meetings, symposia and social events for doctors. In all, ten alleged breaches were examined by the Committee, of which five were found to have been true breaches of the Code.

The ABPI considered that the five cases ruled not to have involved breaches of the Code were meetings of high scientific content. The entertainment and hospitality was secondary to the main purpose of the meeting, and although some venues were of a high standard they were not thought inappropriate.

However, the Committee did rule that breaches of the code had taken place in other cases including a meeting organised by Schering-Plough for doctors and pharmacists at a golf club in Southport which included a golf tournament. The Committee considered the event to be primarily social and considered the level of hospitality to be out of proportion to the medical content.

A communications course for consultants held by Pfizer in Courchevel in France during the skiing season was also ruled to be in breach of the Code. The Committee did not accept the company's submission that the course was not promotional and ruled that the arrangements and venue were inappropriate.

## EC vote on advertising

The form of the Rational Use and Advertising Directive voted on by the European Council of Ministers on July 22 has been described as "a victory for common sense" by the Proprietary Association of Great Britain.

The Directive, dealing with pharmaceutical matters including labelling and leaflets, legal status, advertising and wholesaling, still requires a second reading in the European Parliament. However, PAGB believes it is highly unlikely that further changes will take place.

"Given the series of threats industry has faced during the progression of these proposals, it seems amazing that in practice, harmonisation is going to have such a minimal impact," says PAGB.

One of the main outcomes is that manufacturers are being given more time to implement the label and leaflet Directive. The

Commission intends that patients receive comprehensive information about their medicines.

The Council approved a request from the UK for a longer lead time to implementation. Member states will have to ensure that the necessary legislation is in place by January 1, 1993 but manufacturers will have until the start of 1994 to introduce these changes.

The Council of Ministers has agreed to publish guidelines for implementing this Directive. Among them will be a list of excipients to be declared on the outer packs of OTCs.

Preliminary proposals for a European list of prescription-only ingredients has been replaced by the establishment of criteria determining the characteristics of a POM medicine. If the original list had been passed some 70 UK Pharmacy medicines would have

been re-classified as POM.

The existence of the POM criteria, formalised in the Commission's draft Directive, would mean that all medicines outside their scope are automatically considered non-prescription medicines.

A proposed prohibition on the mention of symptoms in advertising, previously adopted by MEPs and supported by the European Commission, did not succeed. PAGB also welcomed news that the Council had deleted a requirement that manufacturers include batch numbers on invoices of products sent to wholesalers. Instead, batch number recording will be addressed in Guidelines for Good Distributive Practice.

The Commission has also proposed a European agency to evaluate new medicines and a centralised system for approval.



# Changes to Pharmacy Healthcare scheme

The Pharmacy Healthcare leaflet scheme will operate to a different format in 1992.

Three "high profile" campaigns are to be organised on a trial basis, devoting significantly more attention to publicity and public relations than hitherto, says the project co-ordinator Saskia Zeelenberg in a letter sent out to pharmacists this week.

The topics will be smoking, skin cancer, and contraception. Each campaign will last two months, the first coinciding with National No Smoking Day (February/March), the second in the June/July period, with the third in October/November. Further details will follow as soon as

they are available, says Miss Zeelenberg.

The letter gives details of this month's leaflet, "Talking to your doctor or pharmacist", which has been produced in association with the Medical Advisory Service. The leaflet explains how patients can make the most of the expertise available to them in the surgery or pharmacy, and is expected to prove a useful aid when counselling patients.

Some 50 per cent of people forget what their doctors tell them the minute they leave the surgery and 62 per cent of people think that not enough is explained to them about their medicines, says the NPA

in a release sent out with the leaflet. The leaflet encourages them to ask questions and not to leave the surgery or pharmacy without all the answers they need.

The scheme's Steering Committee is anxious to draw as much attention as possible to this leaflet, says Miss Zeelenberg. A syndicated radio tape has been commissioned and sent to 25 local radio stations, a new venture which may be repeated in the future.

The monthly programme continues this year with the following topics: You and your arthritis (September), Migraine (October), Cystitis (November), and Contraception (December).

## Exemption costs

It is estimated that the £190 million income from prescription charges in 1989-90 would have been broadly doubled if those over retirement age and persons who were exempt for other reasons were charged, said Health Minister Virginia Bottomley in reply to a Parliamentary question.

## FHSA appeal

An appeal has been lodged against the decision by Wolverhampton Family Health Services Authority to grant a pharmacy application in Tettenhall Wood (*C&D* June 15, p974).

## Scottish statistics

A total of 3,688,748 prescriptions were dispensed by Scottish chemists and appliance suppliers in March, at a net cost of £24,808,537.26. The net cost per prescription (chemists only) was 667.87p. Figures for the year ending March 1991 showed that 42,725,028 prescriptions were dispensed at a net cost of £284,240,395.36. The net total cost per prescription (chemists only) was 660.40p.

## Paracetamol message

The National Pharmaceutical Association has again been promoting the safety aspects of medicine sales from pharmacies and public respect for medicines in the wake of the death of a 19 year old Yorkshire girl from bronchial pneumonia brought on by paracetamol-induced liver failure. An NPA Press release "Killer painkillers" prompted requests for local radio and Press comment from NPA and Society spokesmen.

## Major charge

A United States Air Force pharmacist is facing a 40-year jail sentence after being charged with illegally distributing drugs to American troops during the Gulf War, says a report in *The Daily Telegraph*. Captain Roger Mansfield claims he is being made a scapegoat for heavy drug use by troops in the lead-up to Operation Desert Storm.



Numark have donated an Amstrad fax machine to the Royal Pharmaceutical Society for use by the current and future presidents. It was presented at the Society's Lambeth headquarters to this year's president, David Coleman, FRPharmS. Pictured with Mr Coleman are (left) Douglas Low, Numark chairman and Terry Norris, Numark managing director

## Boots application blocked by same site appeal

A decision on an application by Boots to open a second store in East Grinstead is unable to proceed because of an appeal over a minor relocation to the same site by another contractor.

Peter Dobson, director of operational services at West Sussex Family Health Services Authority told *C&D* that Boots had applied for an additional store adjacent to a health centre on the outskirts of the town. However, an application by Lloyds Chemist to relocate from their (Kingswood) site, was not considered by the FHSA to be a minor relation and as such was refused. The company has now appealed.

Mr Dobson said that although some of the preliminary information had been gathered for the Boots application, a detailed decision could not go ahead until the

outcome of the appeal was known.

West Sussex Local Pharmaceutical Committee secretary, Barbara Hanson, told *C&D* that the LPC were opposed to the Boots application and had submitted information to the FHSA to that effect. However, the FHSA had not officially told the LPC about the situation with the Lloyds relocation, she said.

Mr Dobson also confirmed rumours that Boots had applied for a dispensing contract for Gatwick Airport. Interested parties have been informed, he told *C&D*, although the FHSA has not yet made a decision on the application.

A spokesman for Boots declined to comment on either application: "All Boots commercial plans are confidential information so we can not comment until they are finalised and announced."

## Advice on bottle feeds

Babymilks manufacturers are pressing for pharmacists to be included among those health professionals entitled to distribute information on bottle feeding.

The current UK voluntary code which governs the marketing of breast milk substitutes prohibits infant formula manufacturers from advertising directly to consumers. But it does allow information supplied by manufacturers to be given to consumers via health visitors and midwives.

An EC Directive on the formulation, labelling and marketing of infant formulae and follow-on milks, published in June, will lead to substantial reworking of the UK voluntary code and reconsideration of the pharmacist's role, Stephen Martin, Farley's marketing manager, told *C&D* this week. The industry is now entering discussions with the Department of Health.

The Directive must be implemented in the UK by 1994, but Mr Martin said that the Infant and Dietetic Foods Association, which will represent the industry's views in the discussions, will be working towards changing the pharmacist's status before that date if practical.

"Manufacturers are likely to put a lot of pressure on the Department to accept the reality of the marketplace, where pharmacists are being expected to give advice on bottle feeding and pharmacies are increasingly becoming redemption centres for milk tokens," said Mr Martin.

## PSNC work on 1992-93 package

On-cost, the "quantum and application of front loading" and repeat prescription schemes are among the areas of remuneration under review by the Pharmaceutical Services Negotiating Committee for 1992-93.

The Committee started its deliberations on next year's pay review at its July meeting and hopes to have proposals to put to the Department of Health before Christmas, well before negotiations start in earnest in the months prior to April 1992.

PSNC financial executive Mike Brining says the Committee is taking a radical look at the remuneration system this time. However, for those who support the Scottish approach — losing on-cost in favour of a higher fee — there could be difficulties for contractors in England and Wales. Mr Brining has also made it clear he supports the introduction of a repeat prescription scheme.



## Irrational prescribing?

I have been cynical of the way Government, over the past seven years, has changed its policy on how best to curb increasing drug expenditure. From the heady days of the Limited List, we have arrived at the less authoritarian approach of "indicative drug budgets" with a promise of bonuses to GPs for good performance. The Government's push is now directed to "encouraging" rational drug usage by providing GPs with monthly information on their prescribing costs and giving details on how this compares with the "average" prescriber.

Rational prescribing has much merit and it is an idea which I fully support. Pharmacists are no longer dependent on the cost of drugs prescribed for their remuneration and therefore the concept presents no threat. Better still, there may be more use made of OTC remedies which will benefit us.

**"With the drive to encourage rational prescribing, the DHSS should review the dressings available on prescription"**

With its drive to encourage rational prescribing I very much hope that the DHSS will review the bandages and dressings available on prescription. So many of those available are totally irrational if used in wound management. Some of the older wound dressings, such as lint and gauze, are known to inhibit healing since they stick to wounds and, on removal, disrupt repaired tissue. Additionally they deposit fibre debris into the wound.

The new generation wound dressings — the colloids, alginates and foam dressings — have revolutionised wound healing and have provided us with a valuable insight into how wounds heal. It is incredible that many of these dressing types are not available on HS21 prescription in Northern Ireland, but are prescribable in England and Wales. The problem is further compounded by their use in hospital, and consequently GPs and patients automatically assume they are available in the community. This leads to much unnecessary antagonism with clients. I know the Drug Tariff lists all available dressings somewhere but how can pharmacists find them? The new Drug Tariff, without an index, is a waste of time and money. It does, however, make a good door-stop. *Written by a Northern Ireland community pharmacist*

## Readers letters welcome

This week I have been flattered to receive more than my fair share of readers' contributions. One complained yet again about doctors' handwriting using first hand examples from his own experiences. Valid criticism, I have no doubt, but as I was unable to translate the whole letter a copy, typed, would be appreciated!

Another tackled my problem of incomplete computer-generated prescriptions by the use of an amendment slip. This slip contains the complete details of the queried item and the suggested amendment with a polite request to alter the patient's computer record. In the first instance the surgery would still have to be contacted but once their computer operator had seen a written reminder of that conversation then most errors could quickly be eliminated. A simple idea, not guaranteed to prevent every mistake, but one which shows a responsible contribution by the pharmacist to an irritating problem and which I am assured has been favourably received by the local doctors.

## Can I see a representative please!

The latest miracle in the treatment of teenage acne is Clearasil night time gel, a product that assures the patient an almost instantly perfect complexion. The stream of products entering this already overcrowded market, all promising similar instant success, irritates me even more than the memory of my own teenage spots, with desperate teenagers frantically leaping from one advertised product to another in a vain attempt to rid their face of some microscopic blemish.

Such is the power of television, however, that as the variants of these products are promoted by playing on the susceptible vanity of adolescence, so they sell, to be rapidly replaced by next week's

two minute wonder. The biggest culprit is Procter & Gamble Health & Beauty Care, who have not only swamped the market with a plethora of unnecessary or "me too" products but while so doing have never even had the courtesy to offer their products to me via a representative. Their Clearasil night time gel is the latest culprit but in this case I have not even had the facility to inspect its formula from the packaging since, despite the overwhelming demand from the local teenage population, I have been singularly unsuccessful in obtaining it from wholesale sources. As usual, the advertising contains no information other than its instant miracle qualities.

Now I notice that P&G are focussing their accepted marketing expertise onto the cough market with four variants of a new cough mixture (Counterpoints C&D July 27). I resent having my professional advice circumvented by saturation advertising, but whereas teenagers are susceptible to blandishments and unlikely to listen to a contrary view, cough mixtures are "true" medicines and our recommendation can make or break most products. P&G claim that their new "thixotropic polyol" base has a 45 minute residual effect on the throat. If so, this is a true advance worthy of my professional support, but I would dearly love to have the opportunity to discuss the launch with their representative and not merely to be sold the product from the pages of C&D with a promise of £2.5 million of television advertising.

## Drug Tariff Part VIII iniquities

At long last PSNC News (July 91) contains an analysis of Drug Tariff Part VIII categories! Designed to be helpful, this explanation does little to assuage my irritability at the direct loss I incur if I have to obtain a category A preparation and cannot claim broken bulk. The fact that on commonly used generics in Category C broken bulk claims are allowed merely makes an illogical situation farcial.

An analysis of those products in category A leads me to the conclusion that my local GPs must be particularly unusual in not using large quantities of Sal. Volatile or Salicylic Acid ointment with Sulphur in their prescribing but nevertheless even if this is true that is no reason for me to pay a financial penalty. PSNC has not offered an explanation, merely reiterated an expanded statement of policy. The iniquities remain and PSNC is apparently powerless to right the wrong. An explanation of that failure might be more constructive!

## Competitive expertise lacking?

I rarely win competitions, possibly because I lack the particular expertise necessary to complete the tie breaker. A recent competition from Rhône-Poulenc Rorer illustrates my problem. It requires the completion of: "The use of the Frumil brand name by doctors helps dispensing by..." in no more than 12 words. I cannot think of any reason why the use of the Frumil brand name helps dispensing, but I can think of many good reasons why the promotion of concocted generic cocktails with pseudobrand names are a drain on NHS resources but then, not in 12 words!



# Topical REFLECTIONS



# Scriptspecials

## Medical Matters

### Beta-agonists and death link

A soon to be published study will show that increasing chronic use of beta-agonists by metered dose inhaler is associated with increasing risk of death from asthma.

Boehringer Ingelheim, who commissioned the Saskatchewan Asthma Epidemiology Study, have informed regulatory authorities and the medical Press of the results of Part I of the study, believing the implications to be efficiently important to warrant early discussion.

In a company statement, Boehringer Ingelheim say: "For the first time, this study shows that there is a beta-agonist class effect which links high usage with an increased risk of death. The risk increases with the number of canisters over the norm used per month. For example, for each additional canister of beta-agonist consumer per month in the preceding year, the study showed a doubling of the likelihood of death or near death."

The study also found that fenoterol appeared to have a higher risk than salbutamol when expressed in canisters (a canister of fenoterol contained twice as much drug as salbutamol), but the risks are equal when expressed as

equivalent cases.

The study cannot explain why the risk increases when increased dosing of beta-agonist continues over a period of time, or if the drugs contribute to the worsening of the condition seen in asthma. "This can be either by masking symptoms as the disease process deteriorates and the patient takes increasing doses of beta-agonists in response or by some as yet unrecognised mechanism which worsens the disease or the consequence of the disease in some patients and heightens the risk of death," say Boehringer Ingelheim.

The study supports the recommendations of the International Scientific Advisory Board that beta-agonists "must be used with great caution, always under the direction of a clinician and, when regular use is required, used concomitantly with anti-inflammatory agents (corticosteroids or cromolyn)".

Boehringer Ingelheim's statement ends with a reminder that correctly used, these drugs can be life-saving. "Should patients be misinformed of this study via routes other than the medical profession, their well-being would be at risk," they warn.

### Flu vaccines do work, says IMIB document

The scepticism in the UK about the efficacy of flu vaccines appears to be wholly unjustified, concludes a new document published by the Influenza Monitoring and Information Bureau.

After reviewing a number of trials published worldwide, the report's author, IMIB medical adviser Dr Sandy Macnair, concludes that this misconception has resulted from the negative outcome of UK trials. These have been flawed by a mismatch between the vaccines used and prevalent strains of virus, he says.

In contrast, results from trials in other countries, particularly the USA, have shown vaccination to be effective in preventing an influenza attack even in the elderly. These trials also showed that regular annual vaccination boosts antibody levels in all age groups.

Dr Macnair says: "Despite the fact that the Department of Health recommends an annual flu vaccination for everyone especially at risk, less than 25 per cent of this group comply. If the primary healthcare teams are willing to accept the evidence which I have presented, they may be able to convince more of those at risk to consider annual flu vaccination in the same light as wearing a car seat belt — an effective precaution against an unpredictable and potentially lethal event."

• Merieux UK's Vaccination Information Service has additional telephone lines staffed by a new team of ten immunisation advisers drawn from nursing, pharmacy and life science disciplines. The service is available between 8.30am and 6pm, Monday to Friday, on 0628 773737.



### Climaval for the menopause

Sandoz are launching Climaval tablets on August 5.

They contain oestradiol valerate for the relief of menopausal symptoms in hysterectomised women. The dosage is one tablet taken daily without interruption, as no monthly break is necessary.

Climaval comes in a 28 day calendar pack, the only unopposed oestrogen packaged in this way, say Sandoz.

**Manufacturer** Sandoz Pharmaceuticals, Frimley Business Park, Frimley, Camberley, Surrey

**Description** Biconvex, circular tablets containing oestradiol valerate 1mg (grey-blue in colour, marked "E1" on one side) or 2mg

(blue, "E2")

**Indications** Hormone replacement therapy for the treatment of menopausal symptoms in hysterectomised women

**Dosage** 1-2mg daily: may be adjusted according to symptoms or response. May be taken continuously for up to 24 months. **Contra-indications, warnings, side-effects** As for other products containing oestradiol valerate (see Data Sheet)

**Supply restrictions** POM

**Packs** Calendar packs of 28 1mg or 2mg tablets, both £2.40 trade **Licence numbers** 0101/0307, 0308

**Issued** August 1991

### Becotide 200

Allen & Hanburys are launching Becotide 200, a metered dose inhaler which delivers 200mcg of beclomethasone dipropionate in each actuation.

Becotide 200 (£20.07 trade) is indicated for asthmatic patients not adequately controlled on Becotide 100. The recommended dosage is two puffs twice a day. It is not indicated for use in children. **Allen & Hanburys Ltd. Tel: 081-990 9888.**

### Cotazym in 56s

Organon Laboratories are introducing a 56 capsule pack of Cotazym (£1.86 trade) on August 19, replacing the existing 100 pack. **Organon Laboratories Ltd. Tel: 0698 732611.**



Unichem are launching plastic, credit card-sized patient registration cards to which pharmacists can attach name and address labels for their prescription customers. The cards come in packs of 1,000 (£5) from Unichem. Tel: 081-391 2323.







# Counterpoints

## Old Spice gets sensitive new addition

Procter & Gamble have developed Old Spice Sensitive for the 71 per cent of men who claim to suffer irritation from shaving, according to the company's research.

The new range comprises Sensitive shaving gel (150ml £2.29); shaving foam (200ml £1.99) containing conditioners; aftershave skin conditioner (100ml £4.99) in a non-greasy formulation; aftershave lotion (150ml £5.99); a low alcohol deodorant spray (150ml £1.99); and a deodorant roll-on (50ml £1.99) with an alcohol-free formulation.

Packaging for the new range retains the popular Old Spice red, but it is distinguished from the original old range by using a



green bank, a "sensitive" logo and emphasis of the particular benefits of each product.

The launch will be supported by a "substantial

spend" including a television advertising campaign focusing on the issue of skin irritation, say Procter & Gamble. Other support will include sampling, trial size

products, pre-packed merchandisers and Christmas gift sets. **Procter & Gamble Health and Beauty. Tel: 0784 434422.**

## Sensor stocking filler

Gillette have a new gift pack for Christmas, comprising a Sensor system razor, three refill cartridges and a 75ml can of shaving gel (£2.40). The company claims Sensor razors account for over half of systems sales and blades take about 16 per cent. **Gillette UK. Tel: 081-560 1234.**

## Gifts with Loulou

Parfums Cacharel are offering free gifts on purchase of their Loulou 50ml eau de parfum spray.

A Loulou shoulder bag and a floral wallet which can be attached inside the bag, are on offer from September 30 while stocks last.

**Prestige & Collections. Tel: 071-937 7207.**

## Nurofen gets its first Press campaign for £500,000

Crookes Healthcare are supporting their brand leader Nurofen with a Press campaign for the first time, starting in September.

The £500,000 campaign follows on from the famous "Arcim Boldo" television commercial, using a surrealist theme. There are three different presentations, illustrating headache, backache and period pain, which are intended to broaden product usage, explains senior product manager Alison Williamson.

Copy for the advertisements is simple and straightforward — for headache it reads "Splitting, nagging, pounding, blinding — if you can describe it, we can relieve it", and for period pain "Have your periods, don't suffer them". The visual illustrating backache includes objects associated with back pain, such as lawnmowers and double beds.

Ms Williamson said Crookes have decided to run a Press campaign because it is easier to get more information over. "In a television advertisement, you can only really get one message across. And the targeting in Press is also



more precise," she says.

The Press campaign is aimed at ABC1 women, since women buy 70-75 per cent of analgesics, say Crookes. Advertisements will appear in a broad spectrum of publications, including *Nineteen, Company, Cosmopolitan, Good*

*Housekeeping, Family Circle and Me*, and will run for four months. Crookes estimate the advertisements will be seen by 55.4 per cent of women over 15 at least once.

New television advertising is planned. **Crookes Healthcare. Tel: 0602 507431.**

## New Braun Flex

Braun are launching a new variant to their Flex Control shaver — the 4525 (£104.99).

It is housed in silver and has a three-position switch. In position one, the pivoting head and twin foils work at a 34 degree angle, ensuring

the correct cutting position. The second position enables precise shaving around tricky areas. The third position is used to trim longer hair.

Advertising is planned for the Autumn. **Braun UK. Tel: 0932 785611.**

## Oz offers

Dendron are offering special deals on the complete Oz range starting from August 5 and running until the middle of October.

A ten for the price of eight promotion will be available on Oz toilet descaler, all-purpose descaler, shower jet cleaner and steam iron cleaner.

Discounts will also be available on Oz bathroom cleaner and kettle descaler.

The whole range is being supported by national television advertising. **Dendron Ltd. Tel: 0923 229251.**

## Asilone erupts on TV

Crookes are supporting Asilone with a television campaign and new point of sale material.

Throughout August the volcano advertisement, which made its first appearance last November, will be shown again.

New point of sale material includes Asilone shelf edgers and showcards featuring the volcano theme. **Crookes Healthcare. Tel: 0602 507431.**

## Holiday prize

Dendron are running a Blistez holiday competition from August 5 to November 30 for pharmacy assistants. First prize is two weeks in the Bahamas and there are ten runners up prizes of the new water and dust resistant Konica Jump auto camera. Entry forms are available from Dendron representatives. **Dendron Ltd. Tel: 0923 229251.**



**Henara treatment wax now comes in a new 100g trial size tube (£0.99) — ideal for Summer holidays. There is enough for two applications, say Beauty International. Tel: 0491 33333.**



# Japanese 'designer' challenge to UK condom market

Japanese condom manufacturer Sagami Rubber are launching into the UK market with a range of designer condoms.

Marketed as Le Condom, the product is packaged in a branded outer, which when removed allows condoms to be carried in an unbranded box, eliminating any embarrassment. The aim is to "normalise" the product, giving it more of a stylish image, says the company.

A £1 million television advertising campaign, featuring BBC2 Rapido presenter Antoine De Caunes, will break pre-Christmas. It is aimed at 18-28 year olds and particularly women, who are now believed to account for almost 50 per cent of potential condom buyers, say Sagami Rubber.

Managing principal of design company Smarts, Rob Morrice, said of the product: "Extensive independent research proved that there is still major embarrassment attached to buying and carrying condoms. We

## Do you need extra vitamin advice?

Booker Products are launching a series of leaflets, which aim to educate consumers on the benefits of supplements.

Available free to retailers,



believe that the 'dressed' and 'undressed' concept, allowing the product to be carried unbranded, will appeal to most people."

Sagami has a 95 per cent market share in Switzerland,

85 per cent in Sweden, 80 per cent in Norway and 60 per cent in France.

Distribution in the UK will be handled by Robinson Healthcare. Tel: 0246 22022.

the leaflets advise on how supplements work, their role in diet and who needs to take them. The first two leaflets are on ginseng and the prolonged release nutrition range and will be followed by others on multivitamins and minerals.

The company is spending £75,000 on a promotional campaign for the Healthcrafts range. And with the introduction of each new leaflet, trade and consumer promotions will be run.

Booker decided to introduce the consumer literature after research revealed 34 per cent of pharmacists were asked daily for advice on dietary supplements. The leaflets are available in sets of 25 when product orders are placed. **Booker Nutritional Products. Tel: 0932 336366.**

## Sensiq bring colour to your cheeks

Sensiq have introduced Powder Silk Blush to their range of colour cosmetics.

It is a cream powder blush, said to give a smooth, easy application. It is fragrance and lanolin-free.

Powder Silk Blush (£3.99) comes in five shades — Apricot Silk, Amber Silk, Spiced Silk, Clover Silk and Raspberry Silk — in a mirrored compact. An applicator brush (£2.59) is available. **Sensiq Cosmetics. Tel: 071-409 1413.**



Seven Seas have repackaged four products in their Herbal range. These are the Catarrh, Laxative, Calm Night (formerly Restful Night) and Calming (formerly Nerve) tablets. The new packs feature illustrations of the ingredients and are smaller in size. **Seven Seas Healthcare Ltd. Tel: 0482 75234.**

## "Bodywise"

Tambrands are sponsoring a national schools competition, inviting young people to "Design a Bodywise poster". The competition is open to 11-16 year olds, inviting them to design a unisex poster for their peers which will encourage them to look after their bodies. The prizes, to be presented by Phillip Hodson of BBC TV's "Going Live", will include £150 of Caran D'Ache art materials and £150 Burton Group fashion vouchers. And the school of the winning pupil will be presented with £1,500 to spend on equipment. Closing date for entries is November 29. **Tambrands. Tel: 0705 474141.**

## Larger Endekay

Stafford-Miller are introducing a 72 piece pack size of Endekay Dental Health Gum, in addition to the current 24 piece size. The new pack will retail at £2.49. The range is supported by a television campaign. **Stafford-Miller Ltd. Tel: 0707 331001.**

## Distribution

The sales and distribution of Langdale's cinnamon essence and tablets is now being handled by Alexmain Ltd, 7 St Peter's Parade, Earlsheaton, Dewsbury, West Yorkshire, WF12 8LW. Tel: 0924 465714.

## Confident

The new distributors for Hygieia's Confident tampons are Bourneshield Management Ltd. Tel: 0484 850707.

## Acne aid

Cynamid UK have produced a poster headed "Understanding Acne", based on the booklet from the Understanding Health series. The aim of the poster is to inform sufferers and to dispel some of the myths surrounding the condition. Copies of the new poster and the leaflet are available from **Understanding Acne Booklet and Poster Supplies, PO Box 277, Kingshill Road, High Wycombe, Bucks HP13 5BT.**



Pharmax Healthcare are introducing a 500ml size of Effico tonic (£3.65) for the benefit of regular users. With the peak season for tonic sales approaching, Effico is being supported by an advertising campaign in the national daily Press, part of the £150,000 promotional spend for the brand. **Pharmax Ltd. Tel: 0322 550550.**

## Tisserand make a stand

Tisserand Aromatherapy have a new display stand.

The stand is in the Tisserand green and grey corporate colours, featuring the "T" logo, and is 6ft high with four shelves and a holder for consumer leaflets. It holds a full range of product and comes ready stocked (around £800). **Aromatherapy Products Ltd. Tel: 0273 412139.**

## Double take from Lagerfeld

Parfums Lagerfeld have added two products to their Lagerfeld Photo range.

Photo cleansing bar (150g £8) is for use in the bath or shower, and Photo anti-perspirant deodorant spray (120ml £11), packaged to resemble a zoom lens, is said to give long-lasting protection. **Parfums Lagerfeld Ltd. Tel: 071-224 1213.**





# With our new look.

This year, Cow & Gate are showing parents a whole new face.

There are bright new label designs on all our meals and drinks to give them a family look.

They're colour coded to indicate the meal occasion and type of drink, making it easier for customers to find what they want.

There are exciting new things inside the jars too. For example our new ready-to-drink exotic fruit juice.

Plus a brand new range of vegetable savouries in six tasty varieties. (Parents these days are very keen to give babies more vegetables.)

The other big news is that our jars are





# you'll make stacks.

bigger. Stage 1 meals go up from 128g to 150g. Stage 2 meals go up from 168g to 200g. And the concentrated juices go up from 150ml to 175ml. Giving even better value to your customers and a higher cash profit to you.

The new range will be heavily promoted in store, via direct mail and sampling. And of

course, there'll be extensive press advertising.

So if you want to make stacks, make sure the shelves are stacked in your favour.

If you'd like more information, please write to Cow & Gate Ltd., Trowbridge, Wiltshire BA14 0XQ.

Or phone us on 0225 768381. **Cow & Gate** The Babyfeeding Specialists.



Complan in a new  
flavour.

Don't slip up.



Introducing a new addition to the Complan range which, together with major consumer press and promotional support, will ensure your customers go bananas.



# Insignia gets Olympian stablemate

The number two mass market male fragrance, Insignia, has a new range, Insignia Olympian, with a sporty appeal. In addition the original Insignia range is being relaunched in new packaging.

Procter & Gamble have developed the new range "in response to consumer research which has revealed that young men are looking for a choice of fragrances within a range which they feel confident about using".

Insignia Olympian has a fresh, vibrant, yet subtle fragrance, say P&G, designed to appeal to sporty, active men. It has herbal spicy top notes, floral and middle notes and woody, musky base notes. Packaging is distinctly masculine, says the company, with dark green



and black colours with a red and yellow symbol.

Advertising support for the two ranges will be considerable, says the company, with a national

television campaign set to break in the pre-Christmas period.

An extensive sampling campaign is planned for the new range, with a drop of 3

million samples. Prices will be the same as for the original Insignia range.

**Procter & Gamble Health and Beauty. Tel: 0784 434422.**

## Nivea Visage 'Protect and Survive' campaign



Smith & Nephew are investing £1.8 million in a new campaign to promote Nivea Visage. The campaign begins this week and runs until the middle of September.

A £1.6m national television campaign focuses on the message "Protect and survive". The 40 second commercial shows a model's face overlaid with images of modern life, which gradually

fade as the product benefits are explained.

The £200,000 Press campaign appears in women's magazines and features three different advertisements.

The new campaign targets 18-24 year old women, the big spenders on skincare, say **Smith & Nephew Consumer Products. Tel: 021 327 4750.**

## Extra value on the shaving front from Gillette

Gillette are pushing their shaving preparations throughout August and September with an extra-fill promotion.

The company is offering 20ml free on all 200ml shaving foam cans. The value

packs (£1.09) include regular, lemon & lime and sensitive skin variants.

The brand will be supported this Autumn with the next burst of the television campaign. **Gillette UK. Tel: 081-560 1234.**

## Cow & Gate's stand on malnutrition

Cow & Gate Clinical Care have launched a campaign to help GPs improve the nutritional status of vulnerable groups of patients in the community. The campaign, which will run nationally, highlights use of the Fortisip range of energy-dense nutritional supplements in preventing or treating malnutrition during or following illness.

A newly recruited team of

18 medical representatives will visit community health nurses, dietitians, GPs and their practice nurses. A nutritional helpline and database is available on 0225 751098, designed for busy health professionals. Postgraduate conferences, each focussing on the role of nutrition in general practice, will be held in Birmingham, Leicester, London and Newcastle later this year. For details, contact **Cow & Gate Clinical Care. Tel: 0225 751098.**

## Colgate target mums

Colgate are targeting mothers with a new £250,000 Press campaign for Colgate Blue Minty Gel toothpaste.

The advertisement, running throughout August and September, features a selection of traditional children's favourite foods, such as ice cream and sweets, with the slogan: "There are certain things kids just love the taste of." Beneath is Colgate toothpaste with the caption: "Fortunately this is one of them". Also included is a 10p money off next purchase coupon.

The campaign forms part of a £12.5 million spend by Colgate on oral care products this year. **Colgate-Palmolive. Tel: 0483 302222.**

## Progress offers

Wyeth Laboratories are promoting their Progress follow-up milk consumer offers now and in the Autumn.

Throughout the Autumn cans of Progress will carry a leaflet under the lid offering the chance to get a Matchbox Activity Bear (worth £18.99) for a bargain price. To claim the bear, customers have to collect three ring pulls from the large 900g cans and send them off with a cheque for £7.20 (plus p&p).

The second offer is 10 per cent extra free on the 450g cans of Progress. The offer runs from this week while stocks last. Shelf talkers highlighting the offer are available. **Wyeth Laboratories. Tel: 0628 604377.**

## Nelsons toothpaste range

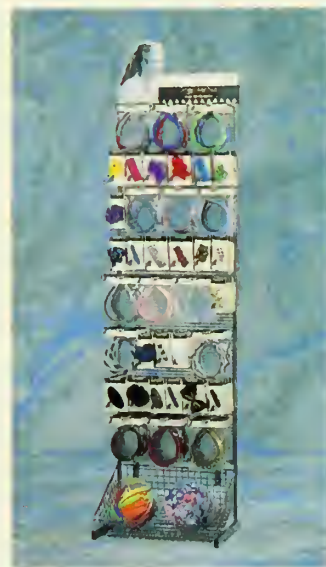
Nelsons are using Chemex to launch a range of homeopathic toothpastes. In addition, the company's Teething Granules have been repackaged.

The range of three toothpastes include wild mint and calendula for all the family, fennel and chamomile for sensitive teeth and gums, and cinnamon and rosemary for strengthening teeth and gums, say Nelsons.

All are free from artificial sweeteners, colours, flavours, preservatives or any ingredients of animal origin, says the company. The 50ml tubes (£2.10) are packaged in cartons made from recycled paper boards printed with water-based inks. The range will be supported with an advertising and PR campaign.

Nelsons Teething Granules are now available in single dose sachets with four to a perforated sheet.

The company has moved away from sugar to using the natural sweetener xylitol which, it says is non-cariogenic. Recycled packaging is also a feature of the new Granules (£2.98) which come in boxes of 24. **A. Nelson & Co Ltd. Tel: 081-946 8527.**



East Midland Toiletries are marketing a new range of hair accessories called Forget Me Not, including hair slides, clips, side combs, alic bands and scrunchies. The range comes complete with either a revolving display stand or half metre wall rack. Trade price for the unit shown is £276 and accessories retail for between £0.99 and £3.99. **East Midland Toiletries Ltd. Tel: 0602 220200.**





To help you sell heaps



the N°1 Analgesic...



...we're spending £6m on advertising this year.

W. Medall



## Most mothers prefer commercial baby foods say Farley's

Almost all the food and drink a baby consumes between the age of 4-9 months is commercially prepared, according to a new report.

Usage peaks between 4-6 months when commercial babyfoods or drinks are given on 97 per cent of feeding occasions, according to a survey of 680 mothers carried out by Taylor Nelson on behalf of Farley's. After 18 months the only manufactured babyfood

used in any quantity is rusks. Use of dry foods tends to be in the early stages of weaning whereas wet foods become more dominant as the baby gets older.

The research found that Farley's was the most used brand on the occasions a commercial food was given (22 per cent of feeds), followed by Heinz (21 per cent), Milupa (18 per cent), Cow & Gate (16 per cent), and Robinsons (13 per cent). Usage of Farley's was

biased towards the AB social class, as was Milupa, while Cow & Gate was most preferred by DEs. Heinz was most popular with the C1 and C2 categories.

Heinz and Farley's were used most by younger mothers in the 16-24 year age group while the highest usage of Milupa and Cow & Gate occurred in mothers aged 30 and over.

Convenience was cited by 64 per cent of the younger mothers as the most important factor in baby feeding while only 49 per cent of mothers aged 30 and over felt this way. The DE group were also more likely to rate convenience as important than were ABs.

Cow & Gate tended to be used more by non-working than by working mothers, the reverse of the case for Farley's. Heinz was the preferred brand for the first child but for subsequent children Farley's became dominant.

The results are published in a new report, the "Farley Market Report 1991," which complements the "Farley Report: Is being a mother enough?" (C&D, June 22, p1024). The latest report



McBride's have relaunched their Springfresh range of room fresheners. The range now includes aerosol and non-aerosol air fresheners, carpet fresheners and stick-ups. The new packaging which is co-ordinated throughout the range, features pastel floral shades. The household air freshener market is now worth about £67 million, say McBride's. Tel: 061-653 9037.

## On TV Next Week

GTV Grampian  
B Border  
BSB British Sky Broadcasting  
C Central  
CTV Channel Islands  
LWT London Weekend  
C4 Channel 4  
U Ulster  
G Granada

A Anglia  
TSW South West  
TTV Thames Television  
TV-am Breakfast Television  
STV Scotland (central)  
Y Yorkshire  
HTV Wales & West  
TVS South  
TT Tyne Tees

Brylcreem Black:	All areas
Diocalm Ultra:	All areas
Endekay dental health gum:	LWT, TTV, TV-am
Farley's Timers:	All areas
Impulse:	All areas
Just for Men:	All areas
Lanacane Cream:	U, Y, C, LWT, TT & C4
Mentadent toothpaste:	All areas
Mum deodorant:	All areas
Nivea Visage:	All areas except LWT, TTV
Olvarit:	All areas
Sensodyne toothpaste:	All areas
Slim-Fast:	TV-am
Solpadeine:	C, A
Sure Power Stick:	All areas

notes that the baby feeding market was worth £230 million in the year to March 1991. Farley's have the

highest advertising spend on baby foods this year. Crookes Healthcare. Tel: 0602 507431.

## The outlook is dry

# Ditropan<sup>\*</sup>

Oxybutynin hydrochloride

*The UK's only licensed  
oxybutynin*

Further information is available from:  
**SMITH & NEPHEW PHARMACEUTICALS LTD.**

**Smith+Nephew**

Bampton Road, Harold Hill, Romford, Essex RM3 8SL. Telephone: 04023 49333. Telex: 898058 SMINEPG. Fax: 04023 71316

\* Trade Mark  
July 1991



# 7 good reasons to stock Orovite 7



- Attractive new design carton.
- Contains 7 essential vitamins for health & vitality.
- Suitable for use by all the family.
- Pleasant orange flavoured drink.
- Convenient one-a-day usage.
- 30 sachet pack now in cases of 6
- Sold through pharmacies only



**SmithKline Beecham**

For further details contact SmithKline Beecham Health Care UK Tel. 081-975-4325



# The top 300 O.T.C. products at net prices.





# Without the catch.

The problem with getting your O.T.C. products from a short line wholesaler is that you may also get short line credit terms and long term deliveries. Get them from a cash and carry of course, and you won't even get that!

UniChem's new net pricing policy, on the other hand, means you can get your O.T.C. products at the same highly competitive prices — but with all the back up of a full line wholesaler.

That means normal credit terms. And twice-daily deliveries. (And of course, whenever there are special promotions on any of these products, the price will be even lower.)

So instead of getting your O.T.C. products from one place and your medical products from another, doesn't it make sense to put them all on your UniChem account?

Just select the products from our new, easier-to-use, two-part monthly product directory. And we'll deliver them twice daily.

That way, you can save time on ordering and delivery. And take your time paying.



HELPING YOU BUILD YOUR BUSINESS THROUGHOUT THE YEAR.





# THE WELLCOME FOUNDATION LIMITED

## PATENTS: IMPORTS FROM SPAIN AND PORTUGAL

**SEPTRIN: TABLETS**  
**ZOVIRAX: ALL FORMS**  
**ZYLORIC: 300mg TABLETS**

**NOTICE IS HEREBY GIVEN that Wellcome is intent that its patent rights on the above products should be fully respected.**

Under the treaties of Accession to the European Communities in 1985, both Spain and Portugal accepted, in respectively Articles 47 and 209, that the doctrine of free circulation of goods throughout the Communities will not apply in those instances where relevant product patent cover is in force in a Member State into which goods are imported from Spain or Portugal and such patent cover could not be obtained in Spain or Portugal. This legal situation continues in both countries.

WELLCOME'S PATENT RIGHTS OF PARTICULAR RELEVANCE ARE AS FOLLOWS:

**SEPTRIN tablets** UK Patent No. 1 499 672 covers the particular formulation of 480 mg and 960 mg tablets

**ZOVIRAX** UK Patent No. 1 523 865 covers the acyclovir active ingredient irrespective of how it is synthesised or formulated; and UK Patent No. 1 567 671 covers the particular process used for its synthesis

**ZOVIRAX cream** European Patent (UK) No. 0 044 533 covers the particular formulation

**ZYLORIC 300 mg tablets** UK Patent No. 1 445 983 covers the particular formulation

**ACCORDINGLY, ACTION WILL BE TAKEN IN THE COURTS against any party found to be trading in these goods originating from Spain or Portugal. Proceedings have been commenced against several parties, including applications for appropriate injunctions against the continuation of such activities.**

Septin, Zovirax and Zyloric are registered Trade Marks





# Chemex cash voucher offer

A new promotion for this year's Chemex will be a "cheque book" of vouchers giving cash savings on orders placed at the show, to be held at Wembley Exhibition Centre, September 29-30.

The savings made by redeeming the vouchers could repay the travelling expenses to the exhibition, say organisers MGB.

Companies taking part in this promotion include Anglo European Marketing, Claydon Wholesale, Doncaster Pharmaceuticals, Elida Gibbs, Jenks Group,

Lagap Pharmaceuticals, Natural by Nature Oils, Park Systems, Pharmexpo International, Procter & Gamble Health and Beauty Care, Rimmel International, Savegreen and Weleda (UK) Ltd.

The books are being mailed this month with pre-registration tickets. Retailers who wish to take advantage should telephone the Chemex hotline number: 081-302 7215. Only one cheque per business can be redeemed, and only at the show.

## Drug jars to be won

Chemex visitors will be entered into a free prize draw to win a range of specially-commissioned drug jars and decorative plates commemorating the Royal Pharmaceutical Society's 150th anniversary.

The range is made in Italy using the same clays and decorative techniques as in the 14th Century. There are two sets of jars and plates with the Society's coat of arms, five ointment jars and one large handled jar.

The total retail value is around £1,000 and there will be eight winners, all taken from registrations at the show.



## Special offer London weekend breaks

Visitors can take advantage of Keith Prowse Summer special offers to combine a weekend in London with a trip to Chemex.

Prices per person for two nights in a West End hotel start at £118 and include full breakfast, dinner at a choice of restaurants, and a theatre or concert ticket. Free rail travel is included for those coming from Sussex, Bedfordshire and counties bordering Greater London, while a supplement is payable for travel from other

areas (maximum £53 from the Highlands), for first class and for air fares. Details on 061-431 9000.

Rail travellers can reach the exhibition by British Rail from Euston or Marylebone, or by London Underground via the Metropolitan and Jubilee lines. Courtesy coaches will collect visitors from Wembley Central and Wembley Park stations. There are over 7,000 car parking spaces at the Centre, which is close to the M1 and M25.

## Wellcome discounts

Wellcome consumer division will be offering special discounts and incentives to all community pharmacists visiting stand A46.

## Baby addition

B&H Thermometer Group, manufacturers of the Baby Play Safe range of liquid crystal thermometers, will be launching an addition to the range — the inflatable whale bath thermometer. Other items on show include the Baby

Tanscan UV sensor which indicates when babies should be covered or moved into the shade. Trade incentives will be available on stand H4.

## Cuddly offer

Evian (Agencies) Ltd are running two competitions offering the chance to win a teddy bear. No purchase is necessary (G15).

## Cussons samples

The first 100 pharmacy proprietors to visit the Cussons stand (H15) will receive a bag of samples, including Graphite

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There will be the following special deals: a leather credit card holder will be given away with orders of five cases of Graphite, a leather purse or wallet with ten cases and a Graphite holdall with 15 cases. A Pearl bag is offered with an order for ten cases of the Pearl range and a bath sheet with 10 cases of the Imperial Leather range. Various 13 for 12 deals and bonus prices will be available through chemist wholesalers.



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# Crookes Healthcare — superior service, North and South



The Crookes Healthcare Sales Desk



Phillip Cranwell, Head of Operations

Crookes Healthcare, the UK's number one healthcare company, has a commitment to offer the pharmacy trade a sales service that is second to none.

Kevin Wilson, managing director for Crookes Healthcare says: "Crookes Healthcare has become the leading supplier of Britain's biggest healthcare brands. Much of this success is due to consistent investment in the brands, in terms of advertising and promotional support. But we do not underestimate the role of our retail partners in the trade, who are key influencers of the success. We believe that the newly established Crookes Healthcare Sales Desk offers the pharmacist the service and back-up he needs to manage his business efficiently and, above all, profitably."

## Country wide customer care

This year's major reshaping of sales operations has successfully combined customer services and

order processing into Customer Care. The pricing section has also been brought in to link with Customer Care, both areas falling under the overall banner of the Sales Desk. As a direct result, the customer is benefitting from a more streamlined department and immediate access to highly trained staff who will deal swiftly with any order or inquiry.

The Sales Desk is managed by Mrs Joyce Alexander with two teams responsible for the North and the South of the country respectively. Pharmacists have direct access to the Customer Care team responsible for their business on 'phone lines that are open from 8.15am until 5.00pm each weekday. If you want to place orders or have any account inquiry please call your team on:—

Customer Care North — 0602 592339/595349

Customer Care South — 0602 592983/595766

Phillip Cranwell, Crookes Healthcare's Head of Operations



is convinced that the new Sales Desk is giving the pharmacist a first class service. "Our customers can now rely on Crookes Healthcare's Sales Desk to process all orders and queries even more promptly. Some 90 per cent of all orders once printed at our Sandiacre warehouse are now delivered within three working days, with an average delivery turn round of two-three days.

"In addition our Customer Care teams, devoted to the North and South, are developing closer relationships with individual accounts, resulting in better and more personal service.

## Consumer care

With a portfolio of so many well-known and trusted brands, it's not surprising to learn that Crookes Healthcare receives over a thousand letters and calls each and every month from consumers.

Many are requests for literature. The company has a tradition of producing very high quality leaflets and booklets containing detailed information about, for example, babyfeeding and the Farley's brand. Some consumers contact the company for the name of their nearest retailer, stocking specific products.

"The role of Consumer Relations has grown increasingly more important," says Maggie Smith. "Product security and product quality have become real issues over the last few years. Consumer Relations seeks to supply accurate information and reassurance to consumers who call us."

## Brands on the Road...

In April, Crookes Healthcare's new fleet took to the road. The fleet consists of Leyland Daf tractor and trailer units and rigid units of varying capacities between 7.5 and 32 tonnes.

All trucks incorporate requirements drawn from driver representation and from operational and engineering management, which principally centred around improving: fuel efficiency; noise and carbon emissions; driver comfort and safety, and cost effectiveness.

Following extensive testing on the earlier fleet, all new trucks have been fitted with aerodynamic bodies which have proved to be highly effective in improving fuel economy and reducing emissions.

"Bringing the brands via our brand new fleet are a team of dedicated drivers with a difference. Our hand-picked drivers offer more than just a delivery service," says Phillip Cranwell. "The team has been trained to deal with basic sales and product queries and to relay more detailed queries back to the Sales Desk. We believe that our drivers are in-fact ambassadors for Crookes Healthcare and represent the Company every time they make a delivery."



Crookes Healthcare's new fleet took to the road in April

## ...direct to you

An important new appointment will ensure that the Crookes Healthcare brands will continue to move into the trade efficiently. Chris Lumb has recently taken up the position of distribution manager. He is responsible for the distribution operation, based at Sandiacre, just outside Nottingham near the company's HQ.

"Sandiacre has a workforce of 140 operating on a site half the size of Wembley Stadium, and it is from there that all Crookes Healthcare orders are processed," comments Chris. "In conjunction with David Langdon, the warehouse manager, and his team, we are all dedicated to the task of processing and delivering pharmacists' orders as efficiently and as quickly as possible."

## Superior service

Summing up Phillip Cranwell says: "As the number one healthcare company, we believe that we should be the number one in service. We hope that we continue to demonstrate our commitment to the trade through our programme of initiatives designed to refine our sales operation. I am confident that we can now deliver to our customers the finest service in the marketplace today."



Maggie Smith, consumer relations supervisor



## Battling against the blues

**Clinical depression can be disabling and, considering the increased risk of suicide, even fatal. C&D examines the causes, symptoms and treatment of this difficult to quantify condition**

Depression is a term common in everyday vocabulary describing feelings of sadness, gloom or despondency. However, true clinical depression is more rare and is only diagnosed when several of the classic symptoms are experienced continuously for a period of time.

Depression in the population is difficult to quantify. One Swedish study estimated the possibility of suffering a first episode of depression before the age of 70 years as 27 per cent in men and 45 per cent in women. Prevalence in the UK is commonly quoted at about 5 per cent although it is more common in the elderly. Depression is also more common in women than men, although the reason for this is unclear.

### Symptoms

The most commonly reported symptoms in clinical depression include:

- Sustained depressed mood, where nothing is able to alleviate feelings of sadness
- A loss of interest or enjoyment in life, even hobbies
- A loss of drive or motivation, with feelings of fatigue, listlessness or lethargy
- Anxiety symptoms such as agitation or restlessness
- Feelings of guilt, self-reproach, self-pity and unworthiness
- A loss, or occasionally a gain, in appetite and weight
- Sleep disturbance which may be seen as initial insomnia and commonly early morning waking. In some cases there may be hypersomnia
- A loss of libido and self-confidence.

The terms reactive and endogenous have been used to

classify depression. Reactive depression is characterised by sudden onset, often related to a particular incident such as a bereavement. The predominant symptoms are sadness, grief and self-pity, and initial insomnia is common. Reactive depression can occur at any stage of life although more commonly in patients with a "vulnerable" personality.

Endogenous depression occurs gradually and is not generally linked to an external precipitating factor. Guilt, self-reproach and unworthiness are more commonly expressed, as is the problem of early morning waking. The condition is more common in patients over 40, occurring even in those whose previous personality was stable.

Currently this rigid classification is being discarded in favour of the view that each illness results from a combination of predisposing factors, which vary with the individual. Terms such as neurotic (mild to moderate) and psychotic depression (more severe) are also being used.

### Causes

The diagnosis of depression is made on the presence of a range of symptoms and by careful questioning by the physician.

The main hypothesis relating to the cause of depression involves the balance of levels of certain nerve transmitters in the brain namely noradrenaline and 5-hydroxytryptamine (serotonin). In 1965 Schildkraut concluded:

"Drugs that elevate mood, may increase one or other of the biogenic amines at the receptor sites in the brain, whereas drugs that cause depression may



Science Photo Library

decrease the activity of the amines at receptors. Thus, in some depressions at least, a functional deficiency of noradrenaline (NA) or 5-hydroxytryptamine (5-HT) may occur."

Affective disorders such as depression and mania are therefore considered to be associated with, and probably a direct consequence of, imbalances of these brain amines.

Evidence to support this theory comes from many sources including measuring amine levels in blood, urine, cerebral spinal fluid (CSF) or post-mortem brain samples and the effect on mood of drugs known to have certain biochemical effects.

Levels of 5-HT in the CSF of depressed patients are significantly lower than normal and there are abnormally low concentrations of 5-HT and its metabolite 5-HIAA (5-hydroxy indole acetic acid) in post-mortem brain samples of depressed suicide victims.

Additionally, while levels of tryptophan (the precursor of 5-HT) in plasma are normal, levels in the CSF are low in depression suggesting the transport mechanism into the brain may be impaired.

However, the fact that administering tryptophan does not alleviate symptoms in all cases of depression suggests

another mechanism may also be involved. Hypotheses include:

- A deficiency of enzyme(s) in the pathway converting tryptophan to 5-HT
- An impairment in the release mechanism for 5-HT so that sufficient is produced but not released to the receptors.
- A fault at the post-synaptic element of the receptor, with 5-HT being released but not triggering the same level of response at the receptors.

Recent research has indicated a link between lowered 5-HT activity and violence and suicide. The beneficial effect of increased availability of 5-HT in depressed patients appears to be mainly a primary elevation of mood.

The behavioural symptoms of depression and mania may also be due to a malfunction of the catecholamine containing system. In animals, drugs which decrease the availability of catecholamines such as NA produce a decrease in locomotor activity, exploratory behaviour, and positive reward behaviour associated with self-stimulation.

### Prognosis

The course of clinical depression is variable but may last nine to 12 months. Some individuals get better without treatment while those who first suffer in early adulthood are more likely to suffer recurrent attacks in later



life. Good prognostic factors include late onset, absence of organic or paranoid features and a previously good personality.

When depression is suspected, clinical conditions where depression itself is a symptom must also be considered. Schizophrenia, dementia and alcoholism may initially present as depression. It may also be a symptom in Parkinson's disease and diabetes.

Drug induced depression may occur with reserpine, methylodopa, nifedipine and clonidine. Amphetamine withdrawal or the sudden withdrawal of antidepressants may also precipitate symptoms.

## PND and SAD

Certain specialised types of depression, often recognised as conditions in their own right, include post natal depression (PND) and seasonal affective disorder (SAD).

The months after childbirth appear to bring women the greatest lifetime risk of developing a mental illness. The spectrum of post natal illness ranges from mild "baby blues", through postnatal depression to the severe puerperal psychosis.

Baby blues occur in more than 50 per cent of all women and is characterised by tearfulness, irritability, anxiety, headache and forgetfulness. The symptoms are usually mild and self-limiting.

Around 10-15 per cent of women experience PND which can occur at any time in the first year after birth with the onset usually in the first 6 months. Puerperal psychosis affects around one or two women per 1,000 deliveries and usually requires hospitalisation.

In SAD the patient experiences depression every Winter and the condition usually disappears in the Spring. SAD's true prevalence is unknown although again women are more commonly affected than men.

Generally, SAD is not serious although workers may take more sick leave during the winter due to lethargy, impaired concentration and reduced productivity. They report feelings of sadness, irritability, loss of libido and say they sleep and eat more. In Spring, many experience a mild hypomania as they become more active. SAD is usually diagnosed after at least two consecutive years of Winter depression which ceases in the following Spring.

The first case of SAD being successfully treated with artificial light was reported in 1982. Bright, full-spectrum lights are used which imitate the daylight of a bright Summer's day.

## Treatment

There are a number of treatment options for depression in addition to drug therapy. Consideration should be given to counselling, marital therapy, psychotherapy of various depths and complexity including group therapy.

The support of close family members should be enlisted

## Pharmacists' advice

Pharmacists dispensing for patients with clinical depression should explain the following points:

- The type of medicine prescribed and the specific nature of any side-effects or interactions particularly with lithium or MAOIs.
- The time delay between starting antidepressant therapy and signs of clinical improvement.
- The need to continue treatment for a period of time after apparent cure to prevent relapse.

together with mobilisation of social support such as a homehelp.

On the pharmacological front the decision to initiate antidepressant therapy should hinge on the nature and severity of the condition. Patients who respond best suffer from moderate depression with clear biological features such as insomnia and weight loss. Drugs are often administered on a "trial-and-error basis" and four to six weeks is generally regarded as sufficient time to determine whether a beneficial effect can be gained. If an improvement is seen, the treatment should be continued for at least four to six months after the apparent recovery to prevent relapse.

About 10-15 per cent of patients fail to respond to first-line treatment and may need to be referred to a specialist. A similar proportion develop a chronic illness requiring long-term therapy.

## TCADs

The first choice for drug treatment is likely to be a tricyclic antidepressant (TCAD) although the specific compound will depend on the individual and their symptoms. Drugs with sedative properties are best for patients with high levels of anxiety and agitation, for example.

Imipramine was the first TCAD to be introduced, followed by amitriptyline, while dothiepin is popular in the UK. They alleviate depression in 70-80 per cent of patients.

TCADs act by blocking the uptake of the transmitters 5-HT and NA once they have been released from nerve endings. This inhibition allows the actions of the transmitters to be potentiated by prolonged contact with receptors. Although uptake blockade is effective almost immediately clinical improvements are not seen for a number of weeks. This suggests the involvement of other mechanisms such as a reduction in the number of some receptors.

As these compounds have some residual atropine-like actions, anticholinergic side-effects may be experienced. As a result, these compounds should be used with caution in patients with glaucoma, urinary

retention, pyloric stenosis and prostatic hypertrophy. Orthostatic hypotension, arrhythmias and heart block due to an altered balance of cardiac innervation may occur. CNS effects include mania, anxiety, delirium and tremor.

The main concern with TCADs is their safety in overdose, particularly in patients with suicidal tendencies. Lofepamine, closely related to imipramine, is much less prone to anticholinergic side-effects and may be safer in overdose than some older TCADs.

## TCAD derivatives

Structurally related compounds with similar actions to TCADs have been developed including mianserin, a tetracyclic which is almost free of anticholinergic and cardiotoxic effects. Although safer in overdose, mianserin has been associated with cases of agranulocytosis especially in the elderly.

Other compounds in this group include nomifensine and trazadone which, despite a variation in their effect on brain amines, seem to vary little in clinical response.

## 5-HT compounds

Recent developments have centered around the 5-HT re-uptake inhibitors, also called selective serotonin reuptake inhibitors. These produce an increase in the amount of 5-HT available at central nerve synapses. They have little or no action on other transmitters and so are virtually free from noradrenergic or anti-cholinergic effects. A more detailed study of these compounds can be found in *C&D* (May 4, p766).

Side-effects include nausea, vomiting, diarrhoea and headache. Care should be taken when these compounds are co-prescribed with insulin, oral hypoglycaemics, other antidepressants and lithium.

## MAOIs

Monoamine oxidase inhibitors may prove useful second line drugs for patients who fail to respond to other treatments.

Ipreniazid was developed as a treatment for tuberculosis but patients receiving this compound became euphoric. MAOIs act by inhibiting monoamine oxidase, the enzyme which breaks down adrenaline, NA, 5-HT and dopamine. Inhibition occurs 24 hours after administration but anti-depressant actions are delayed for ten to 14 days.

Patients with marked anxiety, phobias and panics tend to respond better to MAOIs as do those with over-sleeping, overeating, lethargy and somatic complaints.

The most important consideration with MAOIs is the danger of dietary and drug interactions. The occurrence of a hypertensive crisis leading to blinding headaches, flashing lights, strokes and even death, can be precipitated by the presence of tyramine (in food) and sympathomimetics such as

amphetamines, phenylephrine and phenylpropanolamine.

Tyramine displaces NA from nerve endings and with the MAOI inhibiting the breakdown of NA, it can cause a rise in blood pressure. As many OTC medicines contain mild sympathomimetics, patients should be warned about self-medication.

## Others

Lithium salts have a history of use in the treatment of depression when present with mania. The narrow therapeutic/toxic ratio of lithium requires the monitoring of serum levels.

The antipsychotic flupenthixol has limited antidepressant actions at low concentrations. Carbamazepine is used to treat manic depressives unresponsive to lithium or those experiencing multiple mood swings a year. Tryptophan, the precursor of 5-HT, may prove useful for some patients.

## ECT

Electroconvulsive therapy (ECT) is reserved for patients who exhibit a significant risk of suicide and where disabling symptoms persist despite other treatments.

It has been suggested that the general neuronal activity evoked by the electric current disrupts the neuronal pathways that may have become fixed in an aberrant way and which is manifested as psychotic behaviour. An alternative hypothesis is that ECT results in an increase in monoamine levels in the brain.

Convulsions are also initiated with fluorothyl, a fluorinated ether related to inhalant anaesthetics. It produces seizures of rapid onset with quick recovery after administration is stopped.

Modified leucotomy is said to be helpful in unremitting depression accompanied by marked tension, particularly in older patients of a previously good personality. It involves a transection of the nerve fibres passing to and from a lobe of the brain. The operation is rare and is not considered until all other forms of treatment have been thoroughly explored.

## Self help

A number of self-help organisations exist to help sufferers of depression including:

- Depressives Associated, PO Box 5, Castledown, Portland, Dorset DT5 1BQ.
- Fellowship of Depressive Anonymous, 38 Chestnut Avenue, Beverley, N Humberside HU17 9QU.
- Manic Depression Fellowship Ltd, 51 Sheen Road, Richmond, Surrey TW9 1YQ tel: 081-940 6235.
- SAD Association, 51 Bracewell Road, London W1D 6AF tel: 081-969 7028.
- Association for Postnatal Illness, 7 Gowan Avenue, Fulham, London SW6 6RH tel: 071-731 4867.



# Prescription processing



**Dr Gordon Geddes, BSc PhD MRPharmS, assistant secretary at the Pharmaceutical Services Negotiating Committee, advises on how to minimise losses from processing NHS scripts**

This article is unashamedly about money. It is concerned with minimising losses on NHS prescriptions and in some cases maximising payment through a sound understanding of the Drug Tariff and associated procedures. Much time can be spent contacting the prescriber to clarify a prescription order or in dealing with prescriptions returned to the pharmacy by the pricing organisation. "Time is money" as the old adage goes, but the non-clinical aspects of processing NHS prescriptions can also be frustrating and stressful, leading to diminished job satisfaction.

A cautionary word. This paper is based on the rules of processing as they apply in England and Wales. The principles, if not the details, hold for Scotland. However, readers in Northern Ireland will know only too well that their system differs considerably, but it is to be hoped that the article is nevertheless of interest.

Ideally the movement of an NHS prescription is in one direction and the structure of this article follows the normal path of a prescription. However the path is not always unidirectional. Prescriptions shuttle back and forth between surgery and pharmacy, and pharmacy and

pricing organisation. There is advice therefore on how to avoid the shuttle.

## Contact with the prescriber

Traditionally community pharmacists have always been plagued by incomplete or ambiguous prescriptions written by general medical practitioners. Prior to the introduction of computers to surgeries pharmacists, perhaps misguidedly, prided themselves on their ability to read illegible prescriptions. Thus before any pharmaceutical interpretation of the prescription could take place the handwriting had to be deciphered.

The introduction of computer-issued prescriptions was generally welcomed by pharmacists who believed that since prescriptions would be printed, interpretation would be eased and standards improved. There was a tacit promise that the era of ambiguous and badly written prescriptions would be a thing of the past. Unfortunately as an increasing number of general medical practices generate prescriptions via a computer system, new problems have been substituted for old.

In conjunction with the

Prescription Pricing Authority (PPA) PSNC has brought this matter to the attention of the Family Health Services Computer Forum (C&D September 1, 1990, p358). The inadequacy of some computer-issued prescriptions has now been recognised by the members of the Forum and the Department of Health is pursuing the matter.

Good relationships with local prescribers should, in the long term, reduce the number of

prescriptions which require clarification. However, communication with prescribers is sometimes difficult and contact can be made only by telephone. The pharmacist has a limited facility to amend incomplete prescriptions — the "PC" (prescriber contacted) "PNC" (prescriber not contacted) rules are set out separately in Table 1.

It is anomalous that the "PC/PNC" convention does not apply to dressings and appliances

**Table 1. Summary of "PC/PNC" convention**

Prescriber contacted	Yes	No
Type of preparation (NB Rules do not apply to Schedule 1,2, or 3 Controlled Drugs nor to drugs in Schedule 4A, Poison Rules 1972)	Systemic and non-systemic medicines	Systemic medicines only
Quantity to be supplied if quantity missing	Quantity authorised by prescriber	Five days' treatment or smallest pack if oral contraceptive or special container
Strength to be supplied if strength missing	Strength required by prescriber	Strength determined by pharmacist
Endorsement by pharmacist	Quantity and/or strength and PC	Quantity and/or strength and PNC



and does not allow, for example, a strength to be changed. With many community pharmacists keeping patient medication records beyond those eligible for Drug Tariff payments it is opportune to have the convention extended. Hence PSNC's recommendation to the working party on the future role of community pharmaceutical services that:

"Pharmacists should be allowed greater professional discretion in the interpretation of the prescriber's wishes so that prescription orders can be amended by endorsement in order to reduce inconvenience to patients."

## The Drug Tariff

The Drug Tariff is an HMSO publication produced under Regulation 28 of the NHS (General Medical and Pharmaceutical Services) Regulations 1974. The Tariff is mainly concerned with reimbursement and remuneration associated with the dispensing of NHS prescriptions but also contains details of other payments for NHS pharmaceutical services such as oxygen, rota, advice for residential homes, and keeping patient medication records. "Reimbursement" describes the calculation of the net amount due for medicines, appliances, chemical reagents, and containers supplied. "Remuneration" refers to the reward, consideration, or gross profit for dispensing the prescription. Remuneration is paid by way of fees and on-cost.

Although the Drug Tariff is a better presented document compared with the looseleaf nightmare which was inflicted upon pharmacy contractors between December 1984 and November 1987 there is room for improvement. An internal Department of Health/PPA working party is reviewing the Drug Tariff and PSNC has submitted detailed evidence.

## Help available

Speakers from PSNC lecture on the Drug Tariff at post-graduate courses, return to pharmacy courses, conferences, and Royal Pharmaceutical Society branch meetings. Since lecture notes on the Drug Tariff run to two or three articles of this size there is hardly room to say much more here, but lecture notes can be supplied on request. It is worth saying, however, that the key to the Drug Tariff lies in Part II which comprises clauses 5-13. Part II occupies only seven pages but makes reference to the majority of the remainder of the Tariff.

The Drug Tariff is the authority by which medicines, appliances etc are allowed on NHS prescription. Types of disallowed prescription are shown in Table 2. When a prescription is disallowed the losses can be considerable. The net ingredient cost of the item is lost as is the container allowance (reimbursement) together with the fee plus oncost

(remuneration). In the case of disallowed blacklisted items, to add insult to injury, a letter may be received from the FHSA suggesting that the contractor's Terms of Service may have been breached.

## Endorsement

Correct endorsement of prescriptions is critical in ensuring that pharmacists are correctly paid and avoid returns. Quite often the view is expressed by pharmacy contractors that the simplest approach is to endorse every prescription with as much information as possible. This is a view which is flawed. Reckless and unfettered endorsement of prescriptions demonstrates a lack of understanding of requirements and is time-consuming. Unnecessary endorsements can lead to an otherwise complete and unambiguous prescription being returned for clarification and cause meaningless information about unaccepted endorsements against orders for Part VIII generics to be fed back.

Thus knowledge of when to and when not to endorse is essential. Unfortunately the Drug Tariff is of little assistance when it comes to advice on endorsing. Information on the subject is littered throughout the publication. PSNC has produced a guide to prescription endorsements which is available to pharmacy contractors. Key points from the guide are presented in Table 3.

## Sorting and despatch

The endorsement of prescriptions should be a continuous process carried out ideally at the time of dispensing but certainly not put off until the end of the month. Likewise the sorting of prescriptions prior to dispatch by the fifth day of the following month should be an ongoing task. The way in which prescriptions should be sorted is summarised in Table 4. This is information extracted from form FP34C supplied to pharmacy contractors by the FHSA.

The PPA and, for Wales, the Prescription Pricing Division (PPD) appreciate correctly sorted bundles in general. Particularly appreciated however is the absence of adhesive tape, pins, or staples which have to be removed prior to form numbering.

## Table 4. Sorting of prescriptions

Sort prescription forms as follows:-

1. Into groups 1 (exempt), 2 (chargeable, current rate), 3 (chargeable, old rate), and NCC (no charge contraceptive)
2. Within each group from the top:
  - Forms with attachments
  - Forms previously returned
  - FP10(HP)(ad)
  - FP10(MDA)
  - FP10(S)
  - FP10(HP)
  - FP14
  - FP10 sorted alphabetically by prescriber's printed or stamped name if 20 forms or more
  - FP10 prescribers with less than 20 forms each

## Table 2. Types of disallowed prescriptions

1. Schedule 3A blacklisted items
2. Schedule 3B items not endorsed by the prescriber "S3B"
3. Non-Tariff appliances
4. Chemical reagents not listed in the Drug Tariff
5. Drugs prescribed on Form FP14 not on dental list (Part XVII)
6. Drugs and appliances not permitted on Bulk prescriptions
7. Medicines other than Schedule 2 Controlled Drugs prescribed on Form FP10 (MDA)
8. Drugs other than heroin, cocaine, methadone/morphine, pethidine, dextromoramide and dipipanone prescribed on Form FP10(HP)(ad)

## Table 3. Key endorsements

Situation	Action
No discount obtained	Check if item is included in the "ZD" list on page 5 of the Drug Tariff and endorse "ZD".
Urgent prescriptions	Be sure to endorse "non-resident" (unless you live on the premises) otherwise the lower, resident, call-out fee will be paid.
Different flavours dispensed	Flavours do not need to be ordered by the prescriber. Endorse flavours and numbers of each to be paid a fee per flavour.
Out-of-pocket expenses	These may be claimed if incurred in obtaining drugs except Part VIII category A and appliances in Part IXB and IXC
Special containers	Generally the pharmacist dispenses the combination of packs nearest to the quantity ordered which may be less. However a combination of packs to cover the quantity ordered with the minimum excess may be dispensed and claimed.
Calendar packs	In the absence of an endorsement, payment is made for the number of subpacks nearest to quantity ordered. Endorse exact quantity if dispensed or number of subpacks dispensed to cover quantity ordered

Note. There may be other endorsements associated with these claims.

## Processing at the PPA/PPD

On receipt, a contractor's submission or "bundle" is registered and then as intimated above each form is numbered so that a computer record can be linked to a piece of paper. Prescriptions are passed to a pricing section where details are entered in an order which reflects the sorting process in the pharmacy. The pricer enters group type followed by form type and then prescriber code.

For each item on the form a code is entered to represent the drug or appliance together with a quantity. Key endorsements made by the pharmacist are repeated by the pricer. Examples are "NB" for new (broken) bulk and "ZD" for zero discount. Some endorsements are ignored. Clause 2F of Part IIIA of the Drug

Tariff requires pharmacists to endorse "CD" against an order for a Schedule 1, 2 or 3 Misuse of Drugs Regulations 1985 medicine but no action is taken at the PPA because this information is held on the Drug Master File. PSNC hopes to have this endorsement requirement removed from the Drug Tariff.

Another, perhaps more important, example of an endorsement which is not accepted is the name of a proprietary against a non-proprietary order for a generic in Part VIII of the Drug Tariff. If, against an order for 100 allopurinol tablets 300mg, the pharmacist elects to dispense Zyloric and endorses Zyloric, the endorsement will be ignored and the Drug Tariff price and the Part VIII price will be paid at a loss in excess of £40.

At the end of entering an item the pricer will select one of the following options: — next item on the form, next form, next prescriber, next form type, next group, or end of bundle. Any items which cannot be handled by the pricer are referred to a "query" pricer who deals with approximately 5 per cent of prescriptions. If the query pricer thinks that the prescription needs to be returned to the pharmacy (see below) the form is referred to a higher level.

Once the data has been captured and validated prices from the Drug Master and Appliance Files can be associated

continued on p210



continued from p209

with each prescription record and a total amount of account calculated (see Table 5).

Pricing clerks work at an impressive speed averaging 2,100 prescriptions per day. The PPA's data entry operation is one of the largest in Europe and every community pharmacist should make a point of visiting a processing division.

One of the processing divisions of the PPA is located in Liverpool where this year's British Pharmaceutical Conference is being held. One of the excursions on offer is to the processing division and it may be worth signing up.

## Returned prescriptions

Both the PPA and PSNC are committed to the reduction in the number of prescriptions referred to pharmacies. Contrary to popular but ill-founded opinion neither the PPA nor the PPD relish the return of prescriptions. It is a lengthy resource-draining task but a necessary one if correct payment is to be ensured. Nationally, just over 1 per cent of prescriptions are returned and the main reasons are set out in Table 6.

On receipt of returned prescriptions it is important to understand why either the order or the endorsements were incomplete or ambiguous. If in the pharmacist's opinion a prescription has been incorrectly

returned then the form or a photocopy of the form and the accompanying slip should be sent to PSNC.

This method is preferable to dealing with the matter over the telephone since not all of the nuances of a prescription form can be conveyed verbally. If PSNC agrees that the prescription has been unnecessarily returned then the matter is taken up with the appropriate pricing body.

In the case of a multi-item form it may be that clarification of one item is required but the other items on the form have not been processed. The reason for this is that the PPA/PPD can only authorise payment when the prime document is in their custody. However pharmacists should be aware that on re-submission a further 80 per cent advance payment is made on all items.

## PPA initiative

The PPA has recently taken the initiative, with the support of PSNC, of writing to pharmacists where more than 3 per cent of prescriptions have been returned for clarification in any month. PSNC will continue discussions with the PPA and the Department of Health to devise ways of reducing the number of referred prescriptions.

One way of reducing the number returned is to give the PPA more discretion but this might lead to an underpayment and therefore a balance must be struck.

## Table 5. Total amount of account

Extract from a dummy FHSA statement for prescriptions dispensed in June 1991.

No. of forms.....	880	No. priced (SDR).....	1839
Referred back.....	1	No. priced (ZDR).....	11
Value of drugs and appliances (£)			
A. Basic prices (SDR).....			9281.41
B. Less discount @ 8.79%.....			815.84
C. Basic prices (ZDR).....			104.67
D. Plus on-cost @ 5%.....			469.30
E. Total ingredient cost.....			9039.54
F. Professional fees (inc 1799 graduated fees).....			2687.54
G. Container allowance.....			70.30
Total of account			11797.38

### Notes

1. SDR = Standard discount rate.
2. ZDR = Zero discount rate
3. Entries A,B,C, and G are associated with reimbursement
4. Entries D and F represent remuneration
5. Gross Profit % = (D + F) × 100/(total of account)

## Table 6. Reasons for returned prescriptions

An order for a non-proprietary preparation which is not in Part VIII of the Drug Tariff where the proprietary name or manufacturer/supplier or list price of the item dispensed plus the pack size have not been endorsed.

An obscure proprietary preparation, which is not listed in the *Chemist & Druggist Price List*, has not been endorsed with the name of the manufacturer/supplier or list price plus pack size.

Incomplete prescription missing presentation or strength or quantity where "PC/PNC" either does not apply or has not been endorsed.

Pharmacist's endorsement is incompatible with the prescriber's order.

Prescription cannot be read or interpreted.

Prescription unsigned.



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## The media in trouble again

Despite the "medical sensation" being banned several years ago, one of the country's largest circulation women's magazines recently carried the headline on its cover "The eat yourself slim capsule" and inside gave the full formula for the preparation "that almost every local pharmacist can prepare for you".

The cocktail of ingredients (it was said to be immaterial whether the pharmacist worked in mg or g as the items were listed in parentheses) included dexfenfuramine, metformin, thyroid extract, a plant diuretic, hawthorn and passion flower extracts and aloes! Readers were urged to consult their doctors before taking the recipe along to their pharmacist "as a few changes might be recommended". Although not specifically stated, the underlying message was that readers should change their doctor if he refused to co-operate.

Another appalling example of irresponsible reporting in the Press was a story in a popular magazine about tranquillisers and antidepressants entitled "Pills that make you happy — false friends or modern saviours in distress", accompanied by a photograph of lively party-goers.

The article gave the impression that there was a drug for every mood — loneliness, shyness, boredom, sleep problems, lovesickness or anxiety, and named them. It was claimed that well-known people took such drugs — designers and other creative artists like "the violet comforters" (sulpiride and imipramine), while popstars and actors preferred benzodiazepines.

The testimonials of ordinary people were then quoted: "After taking the tablets, I no longer cared that my partner had left me."

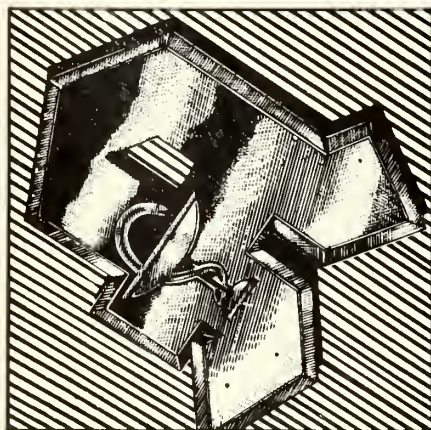
Although the disadvantages and side effects were briefly mentioned, and the fact that they were legally available only on prescription, the only cautionary note sounded was that the pills could only be a friend for a day or so — longer and they became an enemy!

## Scientific curios

According to latest research, so-called "body hardening measures" can protect against colds and flu. Researchers found that their incidence could be halved by taking regular saunas for four or six years, or a daily hot/cold shower for six months.

More surprises come from a survey comparing cholesterol levels in two German cities, Leipzig and Nuremberg, in late 1990 and early 1991. Since the overall level of health awareness and care is universally regarded as superior in the West, where the life expectancy is three years higher, it was confidently expected that the citizens of Nuremberg would have the lower cholesterol levels. Not so: despite a 21 per cent increase in heart attacks among the Leipzigers between 1970 and 1985, the incidence was still lower than in the West.

These reports come from a correspondent with acknowledgements to the German pharmaceutical Press: *Deutsche Apotheker Zeitung* and *Pharmazeutische Zeitung*.



## Fears over Europe calmed

German pharmacists have been assured that their greatest anxiety over 1993 — that the Government will lift the ban on multiples ("Boots" is an unmentionable word in Germany!) and remove the requirement that every pharmacy must be run and owned by a registered pharmacist — is unfounded.

Since 1988, any pharmacist wanting to run a pharmacy in Germany must declare that he does not own one in any other EC country. The EC has apparently no plans to force changes on the existing situation in Germany and any future attempts to alter it would be firmly resisted by the government.

However a big effort is being mounted to protect the large number of phyto-pharmaceuticals from what is regarded as too stringent licensing requirements, and it seems almost inevitable that the high price of drugs in Germany will fall.

One of the reasons for the variation in drug prices in Europe is differences in the social security systems and the rates of VAT. Many Germans believe their current VAT at 14 per cent will increase (probably on January 1, 1993) with the blame placed on either the costs of unification, or EC harmonisation. Only Denmark puts more VAT (22 per cent) on drugs than FRG. Rumours abound that the finance minister is considering halving VAT on flowers, food and books, and animal feed additives, so pharmacists are urging him to do the same for human medicines.

## European health

A new European-wide study on self-medication (which puts Britain at the top of the league) has shown that Germans are the leaders when it comes to prevention. Nearly half take vitamins, 17 per cent mineral supplements and 25 per cent "natural products" to ward off illness. Germans are also the most careful when it comes to reading the package insert, with the French and British adopting a far more cavalier attitude.

The French suffered most from digestive problems and the Brits from headaches! The most frequent visitors to their doctors were the Belgians (on average once a month), while the least frequent were the Dutch.

## Help yourself to pay less

In a novel attempt to cut the costs of ill-health, the Hamburg branch of one of the country's largest health insurance schemes has joined with a local company to offer reduced premiums to employees who actively participate in a health care programme.

To qualify for the maximum reduction of nearly £200 in the annual premiums, the 2,400 employees of the company insured with this particular scheme have to join in both company and non-company organised activities such as exercises in the firm's breaks, "health circles", screening programmes, campaign to give up smoking and follow a better diet. Participation will be documented in a "Health Pass".

For its part, the company has to change any unhealthy working practices and improve the working environment, offer healthy canteen meals and persuade its managers to adopt "health-promoting behaviour". The cost of this five year pilot project — estimated at about £3.8 million — is regarded by the firm as an investment in the future. The aim is to reduce the number of staff away sick (currently 6.5 per cent of the total workforce) by at least 1 per cent and therefore decrease the cost of the associated loss in production of at the Hamburg plant from the present £6.7 million.

## Profits stable

The first annual report of ABDA on the state of pharmacy in the unified Germany has revealed that forecasts of dramatic falls in profits with the advent of fixed reimbursement for drugs covered by the health insurance schemes, were pessimistic.

Turnover of the average pharmacy in the former West rose by 6 per cent in 1990 to £550,000. Reasons for this included a 2 per cent rise in the population due to the flood of immigrants from East Germany and other countries, the prescribing of newer and more expensive drugs and the distorting effect of the pricing reforms.

The overall number of pharmacies was virtually stable and the number with a turnover under £338,000 and classed as economically unprofitable (40 per cent) was also the same. Similarly, the distribution of turnover was again dominated by POM and P items (66 per cent) with OTC sales only accounting for 33 per cent.

Some 1,100 of the 1,850 pharmacies in the former GDR have already been privatised and 100-200 more are in the pipeline. At present there is one pharmacy per 3,530 inhabitants in the West and one per 8,000 in the former GDR. The average net turnover of a pharmacy in that area of the country was slightly higher than its Western counterpart, but there was greater variation. With excess staff, albeit balanced by 40 per cent lower salaries, and less favourable selling conditions, the picture was not totally optimistic. The average gross value of a prescription in the East was £13.50 compared to £19.50 in the West, but the average number of prescriptions dispensed per pharmacy (4,000) was double that in the former FRG.



# Pain killers sold 'for export' to bogus firm

A London pharmacist supplied opiate-based Controlled Drugs with a street value of £6 million to a mystery businessman, now wanted by police in connection with a major drugs investigation in Scotland.

Mr Bharat Rameshbhai Patel, aged 42, who owns Coopers Chemist at 144 High Road, Willesden Green, is said to have supplied more than 800,000 tablets of Temgesic and DF118 for export to Gambia between February and December 1989.

But the company supplied, Parachem Ltd, had no export or wholesale dealers licence or any authority to possess the drugs. Investigations revealed the company was dissolved in November 1989 and never traded from its given address of Featherstone Industrial Estate, Featherstone Road, Southall. Its owner, Mr T.S. Bhamrah, has disappeared.

Mr Josselyn Hill, for the Royal Pharmaceutical Society, told a

Statutory Committee hearing last week that Mr Patel admitted he knew Temgesic was abused but did not think the large quantity requested by the company was unusual. He said Mr Patel did not make further checks because Mr Bhamrah was a personal friend.

Mr George Norris, a Society inspector, said he was asked to visit Coopers Chemist in April of last year by Scotland Yard Drugs Squad to investigate the supply of the drugs to Parachem. He discovered Parachem had been struck off the companies register for not submitting returns in November 1989 and dissolved shortly afterwards.

Detective Sergeant Barry Strong, formerly of the Drugs Squad, said he interviewed Mr Patel but did not proceed with a prosecution because the Crown Prosecution Service decided not to take any action. He said it was difficult to say whether he was satisfied Mr Bhamrah existed, but added that he is wanted by police in

connection with a drugs investigation in England and Scotland.

Mr Patel told the Committee he first met Mr Bhamrah in 1981 and bought generic drugs from him several times. When Mr Bhamrah approached him for the painkillers for export, Mr Patel contacted the National Pharmaceutical Association, which advised him to go ahead with the deal as long as he knew the purchaser and received signed orders.

Mr Patel, questioned by his counsel John Jones, said at no time was he advised to inquire about export licences. He also denied knowing that Parachem had been dissolved. He told the hearing he sold the drugs to Mr Bhamrah at the same price that he bought them from suppliers, and only made money on the deal through investing the money for 60 days and keeping the interest.

The hearing was adjourned until November 19 or 21.

## CD sales not recorded

A Newcastle pharmacist who was fined £250 for not correctly recording sales of barbiturates was reprimanded by the Royal Pharmaceutical Society's Statutory Committee last week.

Mr Khurshid Omar Najeeb, of Ponteland, Newcastle-upon-Tyne, was fined and ordered to pay £25 costs at Teeside Magistrates Court on July 23, 1990, for not recording 4,570 Tuinal tablets sold from The Centre Pharmacy, Cleveland Centre, Middlesbrough, and Centrechem, Merton Way, Ponteland, between September 1988 and March last year.

Mr Josselyn Hill, solicitor for the Royal Pharmaceutical Society, told the Committee the problem came to light when Inspector Peter Greenwood visited the Cleveland pharmacy in February last year. He discovered 1,070 Tuinal tablets were unaccounted for, and Mr Najeeb told him the discrepancy was down to his locums.

Further investigations revealed a total of 4,570 tablets unaccounted for. All had been dispensed against 117 prescriptions, but only 44 of these had been entered in the Controlled Drugs register, and some of these had not been entered within the statutory 24 hours.

Simon Dyer, representing Mr Najeeb, said his client expressed contrition at his failure to supervise his staff adequately. There was no suggestion that the drugs had gone astray, it was simply a case of prescriptions not being entered in the CD register. Mr Dyer added that his client was selling the Cleveland pharmacy to concentrate more fully on supervising his other premises and had already taken steps to ensure locums were aware of the legal requirements.

Committee chairman Gary Flather QC, said: "The view of this Committee is that it simply is not good enough for a pharmacist to blame his locums."

"His locums are there to be directed, to be instructed, and to be supervised by the superintendent pharmacist," said Mr Flather.

## NPA BOARD REPORT

# NPA for limited generic substitution

Pharmacists should be allowed to substitute a generic equivalent for a prescribed brand in certain circumstances, the Board of the National Pharmaceutical Association decided at its July meeting.

The Board envisaged allowing generic substitution for "me too" products — branded medicines which did not hold the original patent. Scripts for originally patented products would be dispensed as written, as would a branded product which had been specifically marked by the GP.

These provisos were to safeguard the profitability of the pharmaceutical industry; to allow continued investment in R&D; safeguard the public by accounting for different levels of efficacy and bioavailability; and allow doctors the freedom to insist on a particular product if it was in the patient's interest to do so.

**Glaxo distribution policy** At the Board's invitation, Glaxo presented details of their new distribution policy which involves wholesalers as agents (C&D, July 20, p121). The Board still had some reservations about the scheme.

**Computerised PILs** Suppliers of NPA recommended labelling systems are to be asked to include in patient information leaflets only

information which appears in the manufacturer's Data Sheets or in the BNF — otherwise an NPA disclaimer will be sent to members who buy the systems. The NPA might be liable if a patient suffered harm as a result of any inaccurate information in the leaflets: it could accept liability only if it had control over the contents.

**Funding for health education through pharmacies** The Board was concerned about the excessive involvement of the Health Education Authority in approving Department of Health funding of pharmacy health education projects. The NPA view is that when considering pharmacy applications, the HEA should do nothing more than approve subject matter.

**Photographic code of practice** In discussing a revision of the Code of Practice for the photographic industry, the Board agreed that the paragraph referring to liability of processors should be strengthened. In the event of losing or damaging films, the processors should not only refund the cost of the film but also provide further compensation for the loss of photos.

**Reward for burglary convictions** A police request of a member that a reward should be offered for information leading to the

conviction of an armed robber was rejected by the Board. The principle of offering rewards in general was also turned down. A willingness to offer rewards could focus on pharmacies as a target and cause an increase in burglaries.

**Pharmaceutical waste** Successful disposal schemes, such as those in Liverpool and Barnet, are to be publicised. With the removal of Crown Immunity hospitals cannot dispose of clinical waste without a licence.

## Restored to the Register

A Lanarkshire pharmacist who was struck off the Register for selling codeine linctus to drug addicts was reinstated last week.

But William George, aged 67, of Blairhill, Coatbridge, Lanarkshire, who was struck off in November 1988, vowed he would never practise again.

Mr Josselyn Hill, for the Royal Pharmaceutical Society, told a Statutory Committee hearing that Mr George was struck off after he admitted selling 578 litres of codeine linctus to addicts who visited his pharmacy at 166 Allison Street, Glasgow, between January and September 1987. He added

that Mr George, who had been practising for 43 years without a stain on his character, retired in November 1988 and later sold the pharmacy.

Mr George promised the Committee that if he was restored to the Register and changed his mind and wanted to practise again, he would contact his local inspector and the Society's education department for refresher courses.

Committee chairman Gary Flather QC, said: "We are very mindful of the fact that Mr George is full of regrets and he clearly has been hurt very deeply by what has happened to him."



## BAHM: no relation to ASA target

Recently the Advertising Standards Association received a number of complaints about two local Press advertisements offering a homoeopathic "cure" for asthma. The advertiser was a company trading under the name of "The Homoeopathic Foundation".

This statement is to make it completely clear that members of the British Association of Homoeopathic Manufacturers have no connection whatsoever with the above named company.

The members of the British Association of Homoeopathic Manufacturers are A. Nelson & Co Ltd, Weleda (UK) Ltd and New Era Laboratories Ltd. Each member holds both a manufacturer's licence, and licences for the products they manufacture. These licences are granted by the Department of Health, and indeed the members of the BAHM are the only companies in the UK licensed to manufacture and market homoeopathic medicines. No member would offer an OTC or mail order remedy for asthma. And, if individual members of the public approached any member of our Association for help with this condition, they would be referred immediately to a qualified medical practitioner.

Finally, it is important to point out that there is a charitable body, "The Homoeopathic Development Foundation", which has existed for many years and whose objectives are to further the study of the principles of homoeopathic medicine. We wish to emphasise

that this has no connection in any way, shape or form with the so-called "Homoeopathic Foundation" which was the subject of complaints to the Advertising Standards Association.

### Penny Viner

Secretary, British Association of Homoeopathic Manufacturers.

## Ditropan routes to the market

We note the comments concerning our product Ditropan (oxybutynin hydrochloride) in *Topical Reflections* recently (*C&D* July 20). Smith & Nephew Pharmaceuticals have been supplying Ditropan on request for named patients since 1982 in co-operation with the originating company, Marion Laboratories of Kansas City (now Marion Merrell Dow). The fact that your columnist had not heard of our product being offered to the pharmaceutical profession prior to that date is testimony to our meticulous observance of the laws and ethics governing named patient supply. Until February of this year we supplied Ditropan only on the request of doctors for specific patients and at nominal charge. These requests were usually received via pharmacists in hospitals and less frequently from the retail sector.

Not only had the Ditropan brand of oxybutynin been approved by the regulatory authorities in the USA and in several EC countries, but it was (and still is) one of the most widely

used drug treatments for incontinence in the world. However, the UK Health Authority still regarded it as a new chemical entity and, in order to obtain a product licence, Smith & Nephew undertook the considerable task of generating the data for a complete dossier including chemistry and pharmacy, pharmacological, toxicological and clinical information. This option was open to any company, and we took it in anticipation of an early end to the treatment of patients with an unlicensed product. Our application for a product licence was made in July 1987.

Following the full technical and medical assessment of our data with respect to the quality, safety and efficacy of oxybutynin from our exclusive source of supply, we were finally granted a product licence early this year. We introduced Ditropan tablets to the market in February.

We believe, in the interest of most patients, that it is preferable to use the licensed product. This can be obtained as Ditropan through normal wholesale channels. For the very limited number of patients who particularly need treatment with the unlicensed brand, the named patient supply route remains.

### K. Tattersall

Managing director, Smith & Nephew Pharmaceuticals Ltd

## Voice from the past

Xrayser's recent comments regarding Boots, along with similar complaints and worries expressed over the past year about the activities of the large multiples and the effects on the small contractors, were highlighted as far back as June 1986 by the British Pharmacists Association. Xrayser's comments then (November 22, 1986) and the sentiments expressed by the PSNC, NPA and officers at the Society's Lambeth HQ, at that time have now been proved not to be in the best interest of the profession today.

As far as we are concerned we actively discourage staff from promoting any products of anyone who threatens our livelihood. If many follow this example, then we may leave the profession with a better foundation for the future.

### Jayanti Patel

British Pharmacists Association.

## Locums and self-employed status

The fight Mr Koziol wants to launch (see *Letters* July 13) has already been fought and won by the National Pharmaceutical Association. Our locum agreement was submitted to the Inland Revenue and the DHSS at national level, and after all the legal arguments had been debated and the case history considered, the self-employed status of locums engaged on terms consistent with the NPA agreement was accepted.

This was done for the reason formulated by Mr Koziol, ie to prevent localised problems from occurring in the first place. Unfortunately, our success did not prevent localised problems occurring, and because of pressures put in recent years upon local tax inspectors and special Inland Revenue units to increase their revenue collection, these problems continue to occur.

We do not particularly want to fight the main battle all over again. These outbreaks are usually quickly extinguished by drawing local inspectors' attention to the deliberations of their head office. In the meantime, while we have the same objectives, I hope Mr Koziol does not upset the fire tender.

### B. Dosser

Finance officer, NPA

## An iniquitous system

*Topical Reflections* (*C&D* July 20) only touches on the iniquitous system applied by all manufacturers of influenza vaccines of supplying direct to any doctor. Through your columns perhaps they can be persuaded to explain why they consider this necessary. Also, assuming they can justify this, why they quote prices which are on a par with our net prices through wholesalers, making it impossible for us to participate in the distribution.

While on the subject, I understand that the Department of Health reimburses doctors at the Tariff price without discounting, even though the purchase price is markedly lower. If we dispense a script for an influenza vaccine the blanket discount is applied. How does the DoH justify this?



Holywell pharmacist Samuel Holt, winner of a national competition run by the Kendall Co (UK) Ltd, is presented with his prize by Kendall's key account manager Stacey Curran. Mr Holt won a fortnight's holiday for two in a luxury villa in the Algarve

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## AAH PEP open to public

AAH Holdings are extending their personal equity plan (PEP) to the general public from August 14. Previously the plan has only been available to employees and shareholders of AAH.

Frank Murphy, group company secretary designate, told *C&D*: "We have had inquiries from pharmacists

wishing to participate, and are responding to them. It is a service more than anything else."

PEP's are a tax efficient device for buying shares in a particular company. Dividends of shares held in a PEP are not subject to income tax and if the investment is sold there is no capital gains tax.

Under the terms of AAH's PEP, which is being run by the Bradford & Bingley Building Society, people can invest a regular sum of between £25 and £300 per month, or lump sums between £300 and £6,000 a year. For details contact the Bradford & Bingley on 0274 555961.

## Boots find retailing conditions 'harsh'

"Retailing trading conditions are at their harshest for many years", Boots' chairman Sir Christopher Benson told shareholders at the company's annual meeting. "In these circumstances, I am pleased to be able to report that our group sales, adjusted for non comparative items, increased in the quarter to June 30 by 2.9 per cent compared with 1990.

"For the retail division overall sales went up by 3.9 per cent, as a result of the new stores we have opened."

The group's first quarter sales in pharmaceuticals were up 5.5 per cent, said Sir Christopher.

The impact of the recession has hit the group's Halfords operation worst: "Halfords sales are closely linked to movement in the car market."

## Management changes at Creighton's Naturally

Creighton's Naturally sales and marketing controller Bill Hamilton has left Creighton's Naturally and his responsibilities have been taken over by the contracts sales manager, Margaret Kenwood. This gives Mrs Kenwood charge of the Creighton's Naturally brand as well as sales for own label products. The sales force and marketing teams are otherwise still intact, said a Creighton's Naturally spokesman.

The Creighton's Naturally range has always been the junior part of the business with around 10 per cent of sales compared to 90 per cent for the contract, own-label side. Under the new arrangement, said to be a consequence of the recession, the directors plan to take a more active role in sales and marketing.

## Dodd confident, Macs stand firm

Peter Dodd has dismissed suggestions which appeared in the *Sunday Telegraph* last week that pharmaceutical wholesalers owning retail outlets is on a par with the brewers' tied houses. "We are still reasonably confident about our Macarthy bid — I can't see any reason not to be," he told *C&D*.

"There is no comparison whatsoever with the brewers," he said. Brewers supply their own products to their retail outlets and customers are largely restricted to them. "In the pharmaceuticals business it is the manufacturers' products which are supplied to retailers through wholesalers, hence the supply of manufacturers' product is safeguarded."

The principle of wholesalers owning retailers has been well established since the 1960s, said Mr Dodd.

"I can't see grounds for a problem with the OFT," said Mr Dodd, referring to suggestions in the rival Grampian bid that Unichem's offer could be referred to the Monopolies and Mergers Commission by the OFT.

Meanwhile at Macarthy, it is likely the directors of the company will continue to advise their shareholders to sit tight. While Ian Parsons, the chief executive of Macarthy, is keeping his powder dry he is clearly upset by what he sees as the personal nature of Grampian's assault on the company. Comparing the Unichem and Grampian approaches he told *C&D*: "I can



Dodd: confident of bid

only respect people who are clearly competent. Instead of adopting a lofty Scottish arrogant position Hughes should have found out the facts." Others in the industry have respect for each other, he said.

"We continue to run our business as though we were going to remain independent; we had done the business of working out our strategy long before the Grampian bid, and whatever steps we take now will be a result of that predetermined strategy."

The bid from Unichem is not an agreed bid, but Mr Parsons admits that Macarthy had been in discussions with Unichem, among others. However: "Nothing developed to the point where there was an offer which we could recommend; Unichem moved unilaterally."

## Wellcome issues patent reminder

Wellcome have issued a reminder that their patent rights should be fully respected and that they will act to protect those rights if necessary.

Wellcome say (p202) they will take action in the courts against any party found trading in Septrin tablets, Zyloric 300mg tablets, or any form of Zovirax originating in Spain or Portugal. The company says proceedings have been started against several parties, including applications for injunctions against continuing activity.

Wellcome say the legal situation has not changed in the six years since Spain and Portugal joined the European Community. Both countries had accepted that free movement of goods would not apply where relevant patent cover is in force in a Member State into which goods are imported, and such patent cover could not be obtained in Spain or Portugal.

## US approves Plendil

Astra have been given Food and Drug Administration approval for Plendil. The drug will be marketed in the US by Merck, who have a co-operation agreement with the Swedish company.

Plendil has been gradually introduced by Astra into about 20 markets since 1988, including the UK market last June. Astra are hoping to win approval in the German, Italian and Spanish markets by the end of next year.

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# ICI surprise with good interims and Abbott deal

ICI's interim results have provided chairman Sir Denys Henderson with the ammunition to mount a vigorous defence of the company still faced with a possible takeover challenge by the Hanson Group. At the same time Sir Denys has announced a new marketing agreement with Abbott Laboratories.

With a six month pre-tax profit of some £507 million, the company performed significantly better than the £450m forecast by market analysts, and Sir Denys forestalled criticism that the figure could have been padded by creative accounting: "This is not a kitchen sink exercise," he insisted.

Nevertheless, the figure was still some £226m below the half year figure for 1990 and earnings per share dropped from 67.4p to 46.6p.

Pharmaceuticals, now in the bioscience products division with agrochemicals and seeds, have held up well, contributing some £233m to trading profit in the first six months of 1991 compared with £248m last year. Sir Denys said ICI would look at joint ventures and "strategic relationships" as a way of expanding ICI Pharmaceuticals.

At the same time the company has announced a marketing agreement with Abbott Laboratories for both companies to market temafloxacin. ICI and Abbott will co-promote the product under the single brand name Teflox. Negotiations are also in

progress for an agreement covering the remaining countries of Europe and other world markets.

ICI and Abbott expect to launch the drug in its first market in the Autumn. ICI estimate the world market for the quinolone family of antibiotics to be some £10 billion.

## ICI Interims

Turnover down 6.7pc to £6.4bn

Pre-tax profit down 31pc to £507m

Earnings/share down 31pc to 46.6p

Interim dividend 21p per share

In the event Sir Denys chose to be non-committal on the subject of the Hanson group, though he said the uncertainty surrounding Hanson's intentions was "frankly, not helpful opposite our competitors at a time when we are all endeavouring to retain customers' business and loyalty."

ICI have announced an interim dividend of 21p, the same as last year.

## ABPI on prices

The ABPI figures show pharmaceutical prices rose 1.9 per cent in 1989 and 2.5 per cent last year, Mrs Virginia Bottomley told the Commons in written answer.

## Typharm number

The new telephone number of Typharm is 0202 66626.

## Plumline case

Plumline Display have launched their first range of aluminium frame showcases "following demand from customers". The cases come in two sizes either 1.2 or 1.6m by 630mm deep and 900mm high. Plumline Display; tel: 0602 783045.

## DIY exchange

A single line private branch telephone exchange which takes advantage of legislation allowing subscribers to install such equipment themselves has been introduced by Microelectronics Development Service of Dublin. The Opera 104 provides four extensions which can be hooked up to phones, faxes, answering machines and modems. The package retails at £149.50 plus VAT. Tel: 353-1-366288.

## Numark at Pharmex

Numark will be at this year's Pharmex exhibition in Liverpool, to be held in the university's union building from September 10 to 12.

# Zofran win for Glaxo

The first round in the legal battle between Glaxo and Smithkline Beecham over Zofran has been won by Glaxo. The US Patent and Trademark Office has made a "preliminary determination" that Glaxo was the first to invent the use of that class of drug in the treatment of nausea and vomiting.

However, Smithkline Beecham, who allege that Zofran infringes a patent it holds for Kytril, appear undismayed by the finding. A spokesman told C&D: "It is my understanding the decision is merely procedural."

Both sides acknowledge the case is still in its early stages and a final ruling is not expected for another two years.

SB has also started federal court litigation against Glaxo over its patent of ondansetron.

## Coming events

# Chiltern celebration

The Chiltern Region of the Royal Pharmaceutical Society is holding a weekend conference to celebrate the Society's sesquicentenary.

The conference, "Pharmacy-past, president and future", will be held in Oxford on September 21-22. The event will include a reception and banquet at St Edmunds Hall. For further details contact Mr M. Beaman, Napsbury Hospital, London Colney, tel: 0727 23333 ext 2809.

## Friday, August 16

Behcet's Society Lecture. "Management of Behcets in patients and family". University of Southampton, at 5pm. Details from Percy Taylor on 0462 676164.

## Saturday, August 17

Somerset Branch, RPSGB. Annual car treasure hunt 7-7.30pm, the lay-by opposite the Blackbrook Inn, near junction 25 of the M5. For details contact Norman Davis on 0823 400552.

## Advance information

**Proprietary Association of Great Britain.** Members meeting on "Which route to registration? A political and practical question." September 5 at RPSGB's headquarters. Details from Louise Cooper on 071-242 8331.

**Plymouth Business School.** "Introductory perfumery" residential course at Newton Abbott, Devon from September 9-13. For details call 0752 225999.

**Management Forum.** "Transfer pricing and parallel imports", London, September 18. For details call 0483 570099.

**Golf.** The European open for pharmacists, Germany, September 16-18. Details from Dr Benatzky, Gene AG, Neckertalstrasse 155, Postfach 500426, 7000 Stuttgart 50, Germany.

**IBC Technical Services Ltd.** "Lipid lowering agents — a critical review", the Bloomsbury Crest Hotel, London, September 23-24. Details from Georgina Mason on 071-236 4080.



# NCR take open systems route to Epos

An open systems retail workstation range for point of sale and back office applications has been introduced by NCR. The systems are designed for a spectrum of retailers, from small independents to department stores and hypermarkets.

The five unit range is based on the INTEL 80X86 chip. The 7058 unit is described as the "entry level" model by NCR's retail systems division's product marketing manager, Valerie Attenborough. The company sees it as the first step from electronic cash registers to in-store computing.

Next in the range is the 7052, an intelligent Intel 286 workstation which can be connected to other office processors via a StarLAN data transfer network. This member of the range has already been around

for a number of years, with Debenhams a significant customer for the units. The 7052SX, which using a DOS or OS/2 operating environment offering up to 16Megabytes of memory, is described as ideal for sophisticated retail computing environments where there is a requirement for management information and support facilities such as electronic shelf labelling.

The 7055 is a peripheral workstation — an unintelligent terminal for clients who want to share processing power of one of the other units. It is possible to upgrade this to the 7052SX, say NCR.

As an open systems house, NCR do not develop their own software; clients are free to obtain this from third party software houses. NCR; tel: 071-725 8248.

# Pension probe by Commons committee

The Commons Social Security Committee is planning an inquiry into the equalisation of pension ages. The Committee's report is intended as part of the Government's consultation process.

The formal terms of reference are: to inquire into the equalisation of pension ages, flexibility of retirement and the minimum level of pension needed to make flexible retirement practical.

The Committee is also planning a separate inquiry into the operation of pension funds, particularly the ways in which the position of contributors to funds can be safeguarded and enhanced.

Comments to either inquiry should be submitted — separately — to the Committee Office of the House of Commons by October 11.



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**HOUNSLOW AREA (MIDDLESEX)** - Pharmacist required to start in August. Easily managed community pharmacy. Easy hours. Five days. Excellent staff. Salary negotiable. Newly registered considered. Telephone Mr S. Bhamra on 081-560 5819, or 081-560 9858 evenings.

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**COVENTRY** - Manager or a regular locum required. Good wages. Contact Mr Dhaliwal, tel: 0203 665272 day, 0203 410279 evenings.

**BIRMINGHAM** - Pharmacist manager required for a modern pharmacy with pleasant staff. Salary negotiable depending on experience. Five day week with four weeks holiday per annum and other benefits on application. Job sharing and newly registered welcome. Telephone Mr R. Panesar, 021-742 9599 9am-7pm or 021-742 3495 after 7pm.

## LOCUMS

**HOUNSLOW, MIDDLESEX** - Locum required for regular Saturday mornings, 9am-1pm. Tel: 081-894 3720.

**LONDON NW3** - Locum pharmacist required from August 19 for a few weeks. Part weeks possible. Tel: 071-722 5221 or 0923 771187.

**LONDON E1** - Pharmacist locum required for Saturday August 10 plus Saturday August 31, 9am-5pm. Good supporting staff. Tel: Mr P.B. Patel, 071-480 6796.

**WIGAN, LANCs** - Chemiwiners require pharmacists to cover evenings (6-10pm) at their New Springs branch and alternate Saturday evenings and Sundays 12-2pm and 7-10pm at their Bryn branch.

Please contact Mrs K Keegan 0204 595999. Chemiwiners Ltd, 580 Blackburn Road, Astley Bridge, Bolton.

**EVENINGS - BRIGHTON** - Late night pharmacy has a vacancy for pharmacist locum to work one evening per week (6-10pm). Contact Mr Sprey on Brighton 0273 25020.

**LONDON N4** - Locum required for four days a week on regular basis. Newly registered considered. Telephone Mr Mehta on 081-800 0786 daytime, or 081-906 2656 evenings or weekends.

**WICKFORD, ESSEX** - Locum required for holiday, September 9-14. Also regular three in five weeks Sundays. Please telephone 0376 28983 day, 0271 850913 evenings.

## PHARMACIST ASSISTANTS

**LONDON E1** - Full time pharmacist required to assist proprietor in a busy, modern and friendly community pharmacy. Excellent working conditions with pleasant staff. Early closing Saturdays. No paperwork. Easy parking. Contact Mr Bernstein 071-790 3754.

**ASHBY-DE-LA-ZOUCH** - Enthusiastic second pharmacist required for very busy, long established pharmacy in this pleasant market town. Hours and salary package which may include car by negotiation. Telephone Max Falconer on 0530 412735.

## PHARMACISTS (PART-TIME)

**ACCRINGTON** - Pharmacist required for regular Saturdays. Also Saturday August 24. Tel: 0254 871563.

**WEYMOUTH, DORSET** - Part time pharmacist required three days per week. Excellent supporting staff and working conditions. Telephone 0305 772272 day, 0305 848965 evenings.

**ALTERNATE SATURDAY MORNINGS** - Locum required 9am-1pm Wanstead, London E11. Telephone 081-989 0070 days, 081-590 0503 evenings.

## DISPENSING ASSISTANT

**FULL TIME ASSISTANT** required from August for small pharmacy. Good supporting staff. Excellent salary package. Ring 0708 724905 (daytime) or 081-886 2056 (after 8pm).

## SITUATIONS WANTED

**PHARMACIST SEEKS** regular locum from September 2nd 1991. Will travel to Essex; east, central and south east London areas. Tel: 071-473 1286 after 8.00pm.

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**DEVON/CORNWALL BORDER** - Thriving main road position, next to surgery. T/o £200,000+ ex VAT. Scripts 2,100+ and increasing. Freehold property with living accommodation. Total price £155,000 + SAV. Phone 0626 56373 after 7pm.

**SOUTH HANTS** - Retirement. T/o £460K, NHS 4000+ per month. Long lease (with sublet). GP 25%. Offers over £300K + stock £42K. Phone EVENINGS only, 0705 412131.

**EAST LONDON** - Leasehold pharmacy. Turnover approx. £185,000. Scripts average 1,400 per month. Rental £4,250 per annum. Price £69,000 for goodwill, F&F + SAV. Phone, evenings, 081-554 8354.

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**MINI 'FLAME'** - Red with white roof. Immaculate condition, low mileage, taxed, radio cassette - £3,250 ono. Phone 081-467 1370 after 6.30pm.

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# One man and his bike

Some of us are happy to be fit and 40, others to survive their three score years and ten. But to cycle from Land's End to John O'Groats aged 78, as London pharmacist John Powell did recently, is something else!

Woodford pharmacist John Powell celebrated his 78th birthday by cycling from Lands End to John O'Groats — on a 53-year old bicycle!

Together they took 16 days to travel 950 or so miles, suffering nothing more serious than a touch of frostbite (in May!) and a couple of punctures. He collected about £260 in sponsorship for his favourite charity, the Royal Commonwealth Society for the Blind, which sends mobile operating theatres to Africa and India to carry out eye operations.

"I met nothing but kindness all the way," he says. "The scenery was magnificent — lovely gardens in Devon and Cornwall; in Scotland there were beautiful rivers, clear streams with trout in them, deer running wild, grouse and partridges..."

But the weather was foul, and for eight days in the Highlands he grappled with a headwind, often in driving rain. The skin peeled off the backs of his hands as a result of frostbite: he left his gloves at home, never thinking he would need them at that time of year.

## Chilly experience

He camped twice but it was too cold to sleep and in the morning ice covered both the inside and outside of his tent. He decided this foolhardy behaviour could lead to pneumonia, so he opted for youth hostels and bed and breakfast houses instead.

On three occasions in Scotland he couldn't find anywhere to stay and, wet and bedraggled, knocked on isolated farmhouse doors. At one, the farmer let him sleep on bales of hay in the barn. At another, he asked if he could sleep in the garden shed whereupon the owners insisted he came into the house for a proper bed, a bath and a hot meal.

In Dunfermline he tried six bed and breakfast places which were fully booked so he went into the pub to ask the barmaid if she knew of anywhere else to go. A young couple, overhearing the conversation, said: "Come home with us instead". And in a Cheshire pub he was even invited to join a funeral party for lunch. "People were wonderful everywhere," he says.

Once, after fighting a headwind all day in the Highlands, he decided to stop at the roadside for a nap. He put his bike on the grass and lay down beside it. After snoozing for half an hour he woke to the sound of a car drawing up and someone asking, "You alright, mate?" Two minutes later a couple of soldiers in a landrover



inquired, "You been hit, mate?" He was just dozing off again when the police arrived — at which he realised he was never going to get any peace so might as well get on his bike!

"I should have put up a sign 'Not dying, just resting'," he laughs.

He took the Cyclists Touring Club's longer "end to end" route which "winds like an intoxicated snake" through some of the best scenery in the UK. From Cornwall and Devon he went to Bridgwater, over the Clifton suspension bridge through Wales to Shrewsbury, across the Cheshire Plain to Leigh and Blackburn, then to Brampton and Peebles, across the Forth Bridge to Dunkeld, Braemar, Aviemore, Inverness, Helmsdale and Wick.

The record time for the CTC's "fast" route of 848 miles is one day, 23 hours, 59 minutes and 10 seconds, but he sees no fun in that as it leaves no time to

admire the view.

He met only one other group of cyclists doing the trip the other way round, from Scotland to Cornwall. "But they were doing it the luxury way," he says. "A van was carrying their equipment and they had hotels booked all the way."

To fortify himself on his 55-60 mile a day cycle ride he ate a hearty breakfast and an evening meal, topped up with Cup-a-soup brewed on a portable stove. He did no special training other than the eight miles he cycles to his locum job as a pharmacist/optician in Dalston, East London, four to five days a week.

He was only slightly stiff, but then he's used to physical exercise. His veteran bike has carried him thousands of miles across Europe and in his youth he won "a few small medals" for racing. According to his wife he has always had masses of energy which, until he "retired" at 65,

was ploughed into running his pharmacy in Tottenham.

Canoeing is another hobby; since turning 70 he has paddled across the Channel, and he and his partner have won the Dutch international canoe marathon twice in the over 55s category. "If people ate less, didn't smoke, and exercised more they'd live a lot longer," he insists.

Mr Powell helps run a canoe club in North London and is starting a cycling section for youngsters, so if any readers have a lightweight bicycle they no longer want, he would be pleased to hear from them (081-504 7089 evenings).

To him, the beauty of the "end to end" was "getting away from it all". He explains: "I make a point of never buying a newspaper while I'm away; I never watch the television or listen to the radio. So I've no idea whether the poll tax is back or Gorbachev has invaded Greenland. It's marvellous."



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